Schedule E)	FOR SE OF FORM 24/48
IAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	
	C C00530766
Check if 24-hour report X 48-hour report New report Amends report filed	on Mam / Dad / Yayayay
Full Name of Payee	Date of Public Distribution/Dissemination
Francesca Blom	M M / D D / Y Y Y Y
Mailing Address 101 Asbury Ct	09 23 2014 Amount
City State Zip Code Winchester VA 22602	60.00 Transaction ID : c3a8b9bf-49c7-47df-b
	Date of Disbursement or Obligation
Purpose of Expenditure Salary  Category/ Type 001	09 23 / 2014
Name of Federal Candidate Support Office	e Sought: House District: 00
Mr. Mark L Pryor Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought  Disbut 2014	ursement For:
Full Name of Payee Xavier Miller	Date of Public Distribution/Dissemination
Mailing Address	09 23 2014
Mailing Address 407 randall Dr	Amount
City State Zip Code	60.00
Searcy AR 72143	Transaction ID : 1d067973-80e9-4d49-a Date of Disbursement or Obligation
Purpose of Expenditure Salary  Category/ Type  001	09 / 22 / 2014
Name of Federal Candidate Support Office	e Sought: House District: 00
Mr. Mark L Pryor Oppose	President X Senate State: AR
Calendar Year-To-Date Per Election for Office Sought  Disbut 2014	ursement For: Primary X General  Other (specify) ▶
	Guier (speedly) >
(a) SUBTOTAL of Itemized Independent Expenditures	120.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
	09
Signature	

Schedule E)	I EXI END	TOTILS		PAGE 2 OF 88 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC ID	DENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report X 48-hour report	New repo	ort Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee			Date of Public	Distribution/Dissemination
Xavier Miller			09	23 / 2014
Mailing Address 407 randall Dr			Amount	
City	State	Zip Code		2.10
Searcy	AR	72143		ID: b944f296-f7b3-42c7-a ursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	09 /	22 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Mark L Pryor		X Oppose		Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	1	00993.01	Disbursement For: 2014 Other (sp	Primary
Full Name of Payee			Date of Publi	c Distribution/Dissemination
Eric J Smith			09	23 / 2014
Mailing Address 4967 Dysartville			Amount	
City	State	Zip Code		80.00
Morganton	NC	28655		D: 37347509-13c4-4d19-9 ursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M 09	23 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	President	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	7	324976.56	Disbursement For: 2014 Other (sp	Primary ⊠ General Decify) ►
(a) SUBTOTAL of Itemized Independent Expenditure	9S			82.10
			-	7
(b) SUBTOTAL of Unitemized Independent Expendit	ures		<b>•</b>	
(c) TOTAL Independent Expenditures			<b>&gt;</b>	
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	te or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	09 / 24	2014
Signature	[Electron	Date Date	09 24	2014

Schedule E)	DEITI EXI EITD	TIONES	PAGE 3 OF 88 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour repor	t New rep	port Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Jennifer E Smith			09 / 23 / 2014
Mailing Address 4967 Dysartsville Rd			Amount
City	State	Zip Code	80.00
Morganton	NC	28655	Transaction ID : a2a4ba9d-5eeb-45b0-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	09 23 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		324976.56	Disbursement For:  Primary  General  Qu14  Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Jennifer E Smith			09 / 23 / 2014
Mailing Address 4967 Dysartsville Rd			Amount
City	State	Zip Code	10.50
Morganton	NC	28655	Transaction ID : 7618a219-7476-4eda-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	09 23 7 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	, , ,	324976.56	Disbursement For:  Primary  General 2014  General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Exper	nditures		90.50
			7 7 7
(b) SUBTOTAL of Unitemized Independent Ex	penditures		<b>&gt;</b>
(c) TOTAL Independent Expenditures			<b>•</b>
	andidate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	09
•			

Schedule E)		TIONES		PAGE 4 OF 88 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC ID	ENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee			Date of Public	Distribution/Dissemination
Matt Gleb			09	23 / 2014
Mailing Address 3815 Robin Road			Amount	
City	State	Zip Code		20.00
Ayden	NC	28513		D: 8f848325-0694-464a-9 rsement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	09	23 / 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Kay Hagan		X Oppose	President >	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	, , , ,	324976.56	Disbursement For: 2014 Other (spe	Primary
Full Name of Payee			Date of Public	Distribution/Dissemination
Matt Gleb			09	23 / 2014
Mailing Address 3815 Robin Road			Amount	
City	State	Zip Code		9.00
Ayden	NC	28513		: 708c11d4-99c2-4c7e-8 rsement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	09	23 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		Oppose	President >	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		324976.56	Disbursement For: 2014 Other (spe	Primary X General
(a) SUBTOTAL of Itemized Independent Expendi	tures			29.00
			7	7
(b) SUBTOTAL of Unitemized Independent Expe	nditures		· •	
(c) TOTAL Independent Expenditures			<b>•</b>	7
Under penalty of perjury I certify that the indepe with, or at the request or suggestion of, any can party committee) any political party committee or	didate or authorize			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	09 / 24	2014
z-g				

Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
	C 200330700
Check if 24-hour report  48-hour report  New report Amends report filed	d on Man / Dad / Yayayay
Full Name of Payee	Date of Public Distribution/Dissemination
James Kindstedt	09 23 2014
Mailing Address 5510 Dogwood Dr	Amount
City State Zip Code	30.00
Winston Salem NC 27105	Transaction ID : 2612dcc3-7233-4198-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary  Category/ Type  001	09 / 23 / 2014
Name of Federal Candidate Support Office	e Sought: House District: 00
Ms. Kay Hagan Oppose	President State: NC
Calendar Year-To-Date Per Election for Office Sought  Disb 2014	ursement For: Primary X General  Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
James Kindstedt	09 23 2014
Mailing Address 5510 Dogwood Dr	Amount
City State Zip Code	16.86
Winston Salem NC 27105	Transaction ID : 8a536943-9bfd-40d1-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage  Category/ Type  002	09 / 23 / 2014
Name of Federal Candidate Support Office	ee Sought: House District: 00
Ms. Kay Hagan Oppose	President State: NC
Calendar Year-To-Date Per Election for Office Sought  Disk 201	oursement For: Primary General  Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	46.86
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not me with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
	09 24 2014
Signature	

Sche	edule E)	EXI END			PAGE 6 OF 88 FOR SE OF FORM 24/48
	OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Woı	men Speak Out PAC				C C00530766
Check	t if 24-hour report X 48-hour report	New repo	ort Amends repo	ort filed on	M / D D / Y = Y = Y
	ıll Name of Payee Joanna Kindstedt				of Public Distribution/Dissemination  9 23 2014
Ma	ailing Address 2134 Tobaccoville Rd			Amour	nt
Ci	itv	State	Zip Code	- [	30.00
R	Rural Hall	NC	27045		action ID: 97186070-509b-4905-8 of Disbursement or Obligation
	urpose of Expenditure Salary		Category/ Type 001		09 23 / Y Y Y Y Y
Na	ame of Federal Candidate		Support	Office Sough	t: House District:00
М	ls. Kay Hagan		X Oppose	Preside	NC NC
	Calendar Year-To-Date Per Election for Office Sought	3	324976.56	Disbursement 2014 Of	t For: Primary X General
	ull Name of Payee			Date of	of Public Distribution/Dissemination
۱۶	Sandra H Wagner			М	09 23 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
M	lailing Address 5828 Rena Road				
				Amou	nt
Ci	ity	State	Zip Code		45.00
	Hamptonville	NC	27020	Transa Date o	ction ID: 0d44d329-3d95-4a49-8 of Disbursement or Obligation
	urpose of Expenditure Salary		Category/ Type 001	М	09 / 23 / Y 2014
Na	ame of Federal Candidate		Support	Office Sough	t: House District:00
M	ls. Kay Hagan		Oppose	Preside	-
	Calendar Year-To-Date Per Election for Office Sought	, , ,	324976.56	Disbursemen 2014 O	t For:
(a)	SUBTOTAL of Itemized Independent Expenditures	\$		· -	75.00
(b)	SUBTOTAL of Unitemized Independent Expenditu	ires		•	
(c)	TOTAL Independent Expenditures			· [	7
with	der penalty of perjury I certify that the independer n, or at the request or suggestion of, any candidate ty committee) any political party committee or its a	te or authorized			
	Ms. Emily Buchanan	[Electron	ically Filed] Date	09	24 2014
	Signature		_		

Schedule E)	LXI LIID			PAGE 7 C	OF 88
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION N	
Women Speak Out PAC				C C00530766	
Check if 24-hour report X 48-hour report	New rep	ort Amends rep	port filed on	/ D = D / Y =	Y = Y = Y
Full Name of Payee Sandra H Wagner			Date		YYY
Mailing Address 5828 Rena Road			Amo	09 23 Int	2014
City	State	Zip Code			11.10
Hamptonville	NC	27020		saction ID : b5374c3c-8b0 of Disbursement or Obliga	f-4579-8
Purpose of Expenditure Mileage		Category/ Type 002	2	09 / 23 / Y	2014
Name of Federal Candidate		Support	Office Soug	nt: House Distri	ct: 00
Ms. Kay Hagan		X Oppose	Presid		te: NC
Calendar Year-To-Date Per Election for Office Sought	, ,	324976.56	Disburseme 2014	nt For: Primary > Dther (specify) ▶	<b>≺</b> General
Full Name of Payee			Date	of Public Distribution/Disse	emination
Brittnie W Campbell				09 / 23	2014
Mailing Address 5828 Rena Road			Amo	unt	
City	State	Zip Code			45.00
Hamptonville	NC	27020	<b>Trans</b> Date	action ID : d66fc652-c555- of Disbursement or Obliga	-4a0b-b
Purpose of Expenditure Salary		Category/ Type 001			<sup>y</sup> 2014
Name of Federal Candidate		Support	Office Soug	ht: House Distri	ict:00
Ms. Kay Hagan		X Oppose	Presi		te: NC
Calendar Year-To-Date Per Election for Office Sought	7 7	324976.56	Disburseme 2014	nt For: Primary \rightarrow  Other (specify)	K General
(a) SUBTOTAL of Itemized Independent Expenditure	•				56.10
(a) SOBTOTAL of itemized independent expenditure	5			7 7	56.10
(b) SUBTOTAL of Unitemized Independent Expenditu	ıres		··· •	7 7	
(c) TOTAL Independent Expenditures			···· <b>\</b>	7	-
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its a	e or authorized				
Ms. Emily Buchanan	[Electron	ically Filed] Da	te 09	24 2014	Y
Signature					_

Schedule E)	DENT EXTEND	HONES		PAGE 8 OF 88 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDE	ENTIFICATION NUMBER ▼
Women Speak Out PAC			C	00530766
Check if 24-hour report X 48-hour repor	t New rep	port Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee			Date of Public	Distribution/Dissemination
Quentin C Pool			M M /	23 / Y Y Y Y Y Y 2014
Mailing Address 4091 E Horne Ave			Amount	
City	State	Zip Code		30.00
Farmville	NC	27828		0 : 63ea5fc9-7c52-4da0-b sement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M M /	23 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	President X	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		324976.56	Disbursement For: [2014 Other (spe	Primary
Full Name of Payee			Date of Public	Distribution/Dissemination
Quentin C Pool			M M / 09	23 / 2014
Mailing Address 4091 E Horne Ave			Amount	
City	State	Zip Code		3.51
Farmville	NC	27828		: 5f09fdee-7453-4152-b sement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	09	23 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		Oppose	President X	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	, ,	324976.56	Disbursement For: 2014 Other (spe	Primary General
(a) SUBTOTAL of Itemized Independent Expe	nditures			33.51
(b) SUBTOTAL of Unitemized Independent Ex	nondituros			
(b) SOBTOTAL OF OTHER HIZER INDEPENDENT LX	perialitares		•	
(c) TOTAL Independent Expenditures			<b>•</b>	7
Under penalty of perjury I certify that the indewith, or at the request or suggestion of, any caparty committee) any political party committee	andidate or authorized			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	09 / 24	2014
<del>-</del>				

Schedule E)	PAGE 9 OF 88 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New report Amends r	report filed on M = M / D = D / Y = Y = Y
Full Name of Payee Lorri Anderson	Date of Public Distribution/Dissemination
Mailing Address 7214 Duchamp Dr	09 / 23 / 2014
7214 Duchamp bi	Amount
City State Zip Code	40.00
Charlotte NC 23215	Transaction ID : 45ec064e-902c-4096-9  Date of Disbursement or Obligation
Purpose of Expenditure Salary  Category/ Type 0	001 09 / 23 / 2014
Name of Federal Candidate Suppor	rt Office Sought: House District: 00
Ms. Kay Hagan Oppose	
Calendar Year-To-Date Per Election for Office Sought 324976.56	Disbursement For:  Primary
Full Name of Payee Lorri Anderson	Date of Public Distribution/Dissemination
	09 / 23 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 7214 Duchamp Dr	Amount
City State Zip Code	5.10
Charlotte NC 23215	Transaction ID : 6bce4f29-cf50-4eed-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage  Category/ Type  0	09 / 23 / 2014
Name of Federal Candidate Suppor	rt Office Sought: House District: 00
Ms. Kay Hagan Oppose	e President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 324976.56	Disbursement For:  Primary  General   2014  General   Other (specify) ▶
-	
(a) SUBTOTAL of Itemized Independent Expenditures	45.10
(b) SUBTOTAL of Unitemized Independent Expenditures	······ <b>&gt;</b>
(c) TOTAL Independent Expenditures	······ <b>&gt;</b>
Under penalty of perjury I certify that the independent expenditures reported herein we with, or at the request or suggestion of, any candidate or authorized committee or age party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed]	Date 09 24 2014
Signature	

Schedule E)	L/11 -1.12.	1101120		PAGE 10 OF 88 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
				- M / D - D / Y - Y - Y
Check if 24-hour report 48-hour report	New repo	oort Amends repo	ort filed on	
Full Name of Payee Casey Stockton			M	f Public Distribution/Dissemination
Mailing Address 105 South Dale St			Amour	09 23 2014 ut
1''	State	Zip Code	Transa	70.00
Spruce Pine	NC	28777		action ID: 8ce87855-800c-4885-b f Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001		09 23 / 2014
Name of Federal Candidate		Support	Office Sought	: House District: 00
Ms. Kay Hagan		X Oppose	Preside	NO.
Calendar Year-To-Date Per Election for Office Sought		324976.56	Disbursement 2014 Ot	For: Primary ⊠ General her (specify) ▶
Full Name of Payee				of Public Distribution/Dissemination
Mary Johnson			M	M / D D / Y Y Y Y
Mailing Address 105 South Dale St			L	09 23 2014
100 South Date of			Amour	nt
City	State	Zip Code	<u> </u>	70.00
Spruce Pine	NC	28777	Transac Date o	ction ID : bb6f9929-0f6a-4696-8 If Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M	09 23 / 2014
Name of Federal Candidate		Support	Office Sought	: House District:00
Ms. Kay Hagan		X Oppose	Preside	nt Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		324976.56	Disbursement 2014 Ot	For: Primary
(a) SUBTOTAL of Itemized Independent Expenditures			•	140.00
(b) SUBTOTAL of Unitemized Independent Expenditure	res			
(c) TOTAL Independent Expenditures			•	7
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its ag	e or authorized			
Ms. Emily Buchanan	[Electron	nically Filed] Date	09	24 2014
Signature		_		

Schedule E)	OTILO	PAGE 11 OF 88 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
		0
Check if 24-hour report  48-hour report  New report	Amends report filed or	n M = M / D = D / Y = Y = Y
Full Name of Payee Misty A Ledford	1	Date of Public Distribution/Dissemination
Mailing Address 44 Bell St		09 23 2014 Amount
		Amount
	p Code	80.00
		Transaction ID: 4be8077c-a27f-412a-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	09 23 / 2014
Name of Federal Candidate	Support Office S	Sought: House District: 00
Ms. Kay Hagan		President State: NC
Calendar Year-To-Date Per Election for Office Sought	Disburs 2014	ement For:
Full Name of Payee		Date of Public Distribution/Dissemination
Misty A Ledford		09 23 2014
Mailing Address 44 Bell St		09 23 2014
1		Amount
City State Zi	ip Code	29.10
Spruce Pine NC 2		ransaction ID : 26d9ea4d-dfee-4aae-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002	09 / 23 / 2014
Name of Federal Candidate	Support Office S	Sought: House District: 00
Ms. Kay Hagan	Oppose F	President State: NC State:
Calendar Year-To-Date Per Election for Office Sought	324976.56 Disburs 2014	sement For: Primary
(a) SUBTOTAL of Itemized Independent Expenditures	······	109.10
(b) SUBTOTAL of Unitemized Independent Expenditures	······ [	
(c) TOTAL Independent Expenditures	······	
Under penalty of perjury I certify that the independent expenditures re with, or at the request or suggestion of, any candidate or authorized or party committee) any political party committee or its agent.		
Ms. Emily Buchanan [Electronica	lly Filed] Date 09	24 2014
Signature		

	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C00530766
Check if 24-hour report 48-hour report New report Amends report filed on	/ D = D / Y = Y = Y
Virginia M Stevens	olic Distribution/Dissemination
Mailing Address 1691 Fork Mtn Rd  Amount	23 2014
	80.00 ID: fcf3de1d-d54f-4539-a bursement or Obligation
Purpose of Expenditure Salary  Category/ Type  001	23 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office Sought:	House District: 00
Ms. Kay Hagan  Ms. Kay Hagan  Oppose  President	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought  Disbursement For: 2014  Other (s	Primary
Virginia M Stevens	olic Distribution/Dissemination
Mailing Address 1691 Fork Mtn Rd  Amount	23 2014
City State Zip Code	29.40
Bakersville NC 28705 Transaction	ID: 4012a78f-4f6f-4b86-a bursement or Obligation
Purpose of Expenditure Mileage  Category/ Type  002  09	23 / 2014
Name of Federal Candidate Support Office Sought:	House District: 00
Ms. Kay Hagan	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought  Disbursement For: 2014  Other (s	Primary X General specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	109.40
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooper with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the re party committee) any political party committee or its agent.	
Ms. Emily Buchanan  [Electronically Filed] Date 09 / 24	

Schedule E)	<b>L</b> /(: L(:)	1101120		PAGE 13 OF 88 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report X 48-hour report	New repo	ort Amends repo	ort filed on	M / D D / Y Y Y Y Y
Full Name of Payee Beau Autin				f Public Distribution/Dissemination
				09 / 23 / 2014
Mailing Address 345 Auroura Ave			Amoun	t
City	State	Zip Code	-	45.00
Metairie	LA	70006		ction ID: a78835b0-b1b8-46a1-9 f Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	М	09 / 23 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought	: District: 00
Ms. Mary L Landrieu		X Oppose	Preside	nt Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	1	125532.24	Disbursement 2014 Otl	For: Primary X General
Full Name of Payee			Date o	f Public Distribution/Dissemination
Beau Autin				09 / 23 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 345 Auroura Ave			Amour	nt
City	State	Zip Code		3.03
Metairie	LA	70006	Transac Date o	ction ID : 5acd6f83-1cdb-4148-b f Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	М	09 / 23 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought	: House District: 00
Ms. Mary L Landrieu		Oppose	Preside	nt Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		125532.24	Disbursement 2014 Ot	For: Primary X General her (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures			· •	48.03
(b) SUBTOTAL of Uniternized Independent Expenditure	∋s		· •	7 7 7
(c) TOTAL Independent Expenditures			•	7 1 7 1 7
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its ag	or authorized			
Ms. Emily Buchanan	[Electron	ically Filed] Date	, M M /	24 / Y = Y = Y = Y = Y
Signature				

Schedule E)	ATT EXTEND	ITORES	PAGE 14 OF 88 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New rep	ort Amends repo	rt filed on
Full Name of Payee Xavier Miller			Date of Public Distribution/Dissemination
Mailing Address 407 randall Dr			09 23 / 2014
407 Tanidan Di			Amount
City	State	Zip Code	30.00
Searcy	AR	72143	Transaction ID : ef823bc9-25ca-4212-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	09 / 23 / 2014
Name of Federal Candidate		Support	Office Sought: House District:00
Mr. Mark L Pryor		X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	-	100993.01	Disbursement For: ☐ Primary ☐ Genera 2014 ☐ Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Stuart T Haley			09 23 2014
Mailing Address 600 W Vine Ave			Amount
City	State	Zip Code	30.00
Searcy	AR	72143	Transaction ID : acdfe528-d149-4f31-b  Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	09 / 23 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Mark L Pryor		X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	· · · · · · · · ·	100993.01	Disbursement For:  Primary  Genera 2014  Genera  Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendit	ures		60.00
(b) SUBTOTAL of Unitemized Independent Exper	nditures		
(c) TOTAL Independent Expenditures			<b>&gt;</b>
Under penalty of perjury I certify that the independent, or at the request or suggestion of, any canon party committee) any political party committee or	idate or authorized		
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	09 24 2014
Signaturo			

Schedule E)	I EXI END			PAGE 15 OF 88 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			F	EC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report X 48-hour report	New rep	ort Amends repo	ort filed on	M / D = D / Y = Y = Y
Full Name of Payee Stuart T Haley			М	
Mailing Address 600 W Vine Ave			Amount	9 23 2014
City	State	Zip Code		21.00
Searcy	AR	72143		ction ID : 9d1c54f9-8f8f-4495-8 Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	M C	9 23 7 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Mark L Pryor		X Oppose	Presiden	
Calendar Year-To-Date Per Election for Office Sought		100993.01	Disbursement 2014 Oth	For: Primary X General er (specify) ▶
Full Name of Payee Parker H Morrow			М	
Mailing Address 506 N Horton Street			Amount	لىنى لنا ك
City	State	Zip Code		50.00
Searcy	AR	72143	Transac Date of	tion ID : be669682-ae60-460f-8 Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001		9 / 23 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Mark L Pryor		Oppose	Presider	
Calendar Year-To-Date Per Election for Office Sought	7	100993.01	Disbursement 2014 Oth	For: Primary X General  er (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditure	·S			71.00
(b) SUBTOTAL of Unitemized Independent Expenditu	ures		<b>.</b>	
(c) TOTAL Independent Expenditures			· •	4
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	te or authorized			
Ms. Emily Buchanan	[Electron	nically Filed] Date		24 2014
Signature				

Schedule E)	1 6/11 6/12			PAGE 16 OF 88 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
			M	M / D D / Y Y Y Y
Check if 24-hour report X 48-hour report	New rep	oort Amends repo	ort filed on	, , , , , , , , , , , , , , , , , , , ,
Full Name of Payee Parker H Morrow				f Public Distribution/Dissemination
Mailing Address 506 N Horton Street				09 23 2014
333			Amour	ıt
City	State	Zip Code		22.20
Searcy	AR	72143		action ID : 7e04b8ab-e04c-454c-9 f Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002		09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought	: House District: 00
Mr. Mark L Pryor		X Oppose	Preside	
Calendar Year-To-Date Per Election for Office Sought	, ,	100993.01	Disbursement 2014 Ot	For: Primary
Full Name of Payee			Date o	of Public Distribution/Dissemination
Parker H Morrow				M / D D / Y Y Y Y
Mailing Address 506 N Horton Street			L	09 23 2014
506 N Horton Street			Amour	nt
City	State	Zip Code		40.00
Searcy	AR	72143	Transac Date o	ction ID : 5d67d2e3-754c-48a4-9 of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M	09 / 23 / 2014
Name of Federal Candidate		Support	Office Sought	: House District:00
Mr. Mark L Pryor		X Oppose	Preside	nt Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	7 7	100993.01	Disbursement 2014 Ot	For: Primary X General her (specify) ►
(a) SUBTOTAL of Itemized Independent Expenditure	)S		•	62.20
(b) SUBTOTAL of Unitemized Independent Expendit	ures			
				4 1 4 1 4 1
(c) TOTAL Independent Expenditures			•	7
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ite or authorized			
Ms. Emily Buchanan	[Electron	nically Filed] Date	M M / 09	24 2014
Signature				

Schedule E)	PAGE 17 OF 88 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
	M = M / D = D / Y = Y = Y
Check if24-hour report 48-hour report New report Amends report filed or	`L. L. L
Full Name of Payee Parker H Morrow	Date of Public Distribution/Dissemination
Mailing Address 506 N Horton Street	09 23 2014 Amount
City State Zip Code	18.30
Searcy AR 72143	Fransaction ID: 7d93977b-afe9-48b7-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage  Category/ Type  002	09 / 23 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office S	Sought: House District: 00
Mr. Mark I. Prvor	resident Senate State: AR
Calendar Year-To-Date Per Election for Office Sought  Disburse 2014	ement For:
Rebecca A Shearer  Mailing Address 6544 Arno College Grove Rd	Date of Public Distribution/Dissemination  M 09
City State Zip Code	40.00
College Grove TN 37046 Tr	ransaction ID: b098f40c-49bf-4636-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary  Category/ Type  001	09 23 / 2014
Name of Federal Candidate Support Office S	Sought: House District: 00
Mr. Mark L Pryor Oppose	President State: AR State:
Calendar Year-To-Date Per Election for Office Sought  Disburse 2014	ement For:
(a) SUBTOTAL of Itemized Independent Expenditures	58.30
(b) SUBTOTAL of Unitemized Independent Expenditures	7 7 7
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 09	24 2014
Signature	

Schedule E)	LIVI EXI END	ITORES	<u> </u>	PAGE 18 OF 88 OR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDEI	NTIFICATION NUMBER ▼
Women Speak Out PAC			C co	00530766
Check if 24-hour report X 48-hour report	New rep	ort Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee			Date of Public D	Distribution/Dissemination
Mr. Roger McKinney			09	23 / 2014
Mailing Address 308 West Main Street			Amount	
City	State	Zip Code		70.00
Pilot Mountian	NC	27041		: 02d7db2d-d02b-43a2-a ement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	09	23 / 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Kay Hagan		X Oppose	President X	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	, , ,	324976.56	Disbursement For: 2014 Other (spec	Primary
Full Name of Payee			Date of Public [	Distribution/Dissemination
Mr. Roger McKinney			M M / 09	23 / 2014
Mailing Address 308 West Main Street			Amount	
City	State	Zip Code		13.44
Pilot Mountian	NC	27041		9e54bb2e-3bcb-4052-8 ement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	09	23 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	President X	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		324976.56	Disbursement For: 2014 Other (spec	Primary X General
(a) SUBTOTAL of Itemized Independent Expen	ditures			83.44
			-	7 7
(b) SUBTOTAL of Unitemized Independent Exp	enditures		<b>&gt;</b>	
(c) TOTAL Independent Expenditures			<b>•</b>	
Under penalty of perjury I certify that the indep with, or at the request or suggestion of, any ca party committee) any political party committee of	ndidate or authorized			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	09 / 24	2014
S.g.iataio				

Schedule E)	INI EXI END	TIONES	PAGE 19 OF 88 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Amanda Boley			09 / 23 / 2014
Mailing Address Split Oak Drive			Amount
City	State	Zip Code	61.50
charlotte	NC	28227	Transaction ID : bed5f0f0-af09-42ec-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	09 / 23 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	-, -,	125532.24	Disbursement For:
Full Name of Payee			Date of Public Distribution/Dissemination
Amanda Boley			09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address Split Oak Drive			Amount
City	State	Zip Code	17.10
charlotte	NC	28227	Transaction ID : 10d35d6a-1c9c-43ce-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	09 / 23 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7 7	125532.24	Disbursement For:  Primary  General 2014  General  Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendi	tures		78.60
			7 7
(b) SUBTOTAL of Unitemized Independent Exper	nditures		<b>&gt;</b>
(c) TOTAL Independent Expenditures			<b>•</b>
Under penalty of perjury I certify that the indepe with, or at the request or suggestion of, any cano party committee) any political party committee or	lidate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
5.g. a.a.			

Schedule E)	)	<b>JEIII E</b> E E E E E E E E E E E E E E E E			PAGE 20 OF 88 FOR SE OF FORM 24/48
	MMITTEE (In Full)			1	FEC IDENTIFICATION NUMBER ▼
Women S	peak Out PAC				C C00530766
Check if 2	4-hour report X 48-hour repor	t New rep	ort Amends repo	ort filed on	M / D D / Y Y Y Y
Full Name Billy Ma					f Public Distribution/Dissemination
Mailing Ado	ress 250 JS Brewton rd				09 23 2014
City		State	Zip Code		50.00
City goldonna		LA	71031		action ID: 4171823b-7523-4929-b  f Disbursement or Obligation
Purpose of Salary	Expenditure		Category/ Type 001	M	09 / 23 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Fe	ederal Candidate		Support	Office Sought:	: House District:00
Ms. Mary L	Landrieu		X Oppose	Preside	nt Senate State: LA
	dar Year-To-Date ection for Office Sought	1	125532.24	Disbursement 2014 Ott	For: Primary X General her (specify) ▶
Full Name Billy Ma				M	f Public Distribution/Dissemination
Mailing Add	dress 250 JS Brewton rd			Amoun	
City		State	Zip Code		3.60
goldonna		LA	71031	Transac Date o	ction ID : 86e4147c-baad-4c0a-b f Disbursement or Obligation
Purpose of Mileage	Expenditure		Category/ Type 002	М	09 / 23 / 2014
1	ederal Candidate		Support	Office Sought	: House District: 00
Ms. Mary L	Landrieu		X Oppose	Preside	nt Senate State: LA
	dar Year-To-Date ection for Office Sought		125532.24	Disbursement 2014 Ot	For: Primary X General her (specify) ▶
(a) SUBTOT	AL of Itemized Independent Expe	nditures		<b>.</b>	53.60
(b) SUBTOT	AL of Unitemized Independent Ex	penditures		· •	
(c) TOTAL	ndependent Expenditures			· •	
with, or at th		andidate or authorized			opperation, consultation, or concert ne reporting entity is not a political
	Ms. Emily Buchanan	[Electron	nically Filed] Date	9 09	24 2014
Signature					

Schedule E)	PENT EXILINE	TIONES	PAGE 21 OF 88 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	X New rep	port Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Chad E Day			09 / 23 / 2014
Mailing Address 168 Emerald Hill			Amount
City	State	Zip Code	65.00
Forest City	NC	28043	Transaction ID: 06bb3564-824b-4016-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	09 / 23 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	7	324976.56	Disbursement For: Primary General  2014 Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Lauren E Heffington			09 23 2014
Mailing Address 488 Broadwell Dr			Amount
City	State	Zip Code	30.00
Nashville	TN	37220	Transaction ID : f5ef9ae9-ccd8-43a7-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	09 / 23 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Mark L Pryor		X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	7	100993.01	Disbursement For:  Primary  General 2014  General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Exper	ditures		95.00
			7- 7- 7-
(b) SUBTOTAL of Unitemized Independent Exp	enditures		•
(c) TOTAL Independent Expenditures			· · · · · · · · · · · · · · · · · · ·
	ndidate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
•			

Sc	chedule E)	PAGE 22 OF 88 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
V	Vomen Speak Out PAC	C C00530766
Ch	eck if 24-hour report X 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y
		te of Public Distribution/Dissemination
	Brandon Wheeler	09 / 23 / 2014
	Mailing Address 10112 Piney Creek Ct	nount
	City State Zip Code	20.00
	Da	ansaction ID: 889ec84b-96c9-41d8-b te of Disbursement or Obligation
	Purpose of Expenditure Salary  Category/ Type 001	09 / 23 / 2014
	Name of Federal Candidate Support Office Soil	ught: House District: 00
	Mr. Mork I Dryor	sident State: AR
	Calendar Year-To-Date Per Election for Office Sought  Disbursen 2014	nent For:
		te of Public Distribution/Dissemination
	Brandon Wheeler	09 23 2014
	Mailing Address 10112 Piney Creek Ct An	nount
	City State Zip Code	3.30
	Charolette NC 28215 Trai	nsaction ID : 6be81fe6-70cc-4f06-a tte of Disbursement or Obligation
	Purpose of Expenditure Mileage  Category/ Type  002	09 / 23 / 2014
	Name of Federal Candidate Support Office So	ught: House District: 00
	Mr. Mark I. Prvor	sident State: AR
	Calendar Year-To-Date Per Election for Office Sought  Disburser 2014	nent For:
	(a) SUBTOTAL of Itemized Independent Expenditures	23.30
	(a) 30210112 St Nothized independent Experiences	20.00
	(b) SUBTOTAL of Unitemized Independent Expenditures	
	(c) TOTAL Independent Expenditures	
	Under penalty of perjury I certify that the independent expenditures reported herein were not made i with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or party committee) any political party committee or its agent.	
	Ms. Emily Buchanan  [Electronically Filed] Date 09	24 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	<del>-</del>	

Sc	hedule E)	PAGE 23 OF 88 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
W	omen Speak Out PAC	C C00530766
Che	eck if 24-hour report X 48-hour report New report Amends report filed	I on Mam / Dad / Yayayay
Т	Full Name of Payee	Date of Public Distribution/Dissemination
	Edward N Walker	09 23 2014
	Mailing Address 3 Girard St	Amount
ŀ	City State Zip Code	55.00
	Ft Smith AR 72901	Transaction ID : 1bc146df-3075-4ed6-b Date of Disbursement or Obligation
	Purpose of Expenditure Salary  Category/ Type 001	09 23 / 2014
ı	Name of Federal Candidate Support Offic	e Sought: House District: 00
	Mr. Mark L Pryor Oppose	President State: AR
	Calendar Year-To-Date Per Election for Office Sought  Disb 2014	ursement For: Primary
Γ	Full Name of Payee	Date of Public Distribution/Dissemination
1	Edward N Walker	09 23 2014
ŀ	Mailing Address 3 Girard St	09 23 2014
1		Amount
-	City State Zip Code	5.70
	Ft Smith AR 72901	Transaction ID : a09156b3-f2ed-46b5-8 Date of Disbursement or Obligation
	Purpose of Expenditure Mileage  Category/ Type  002	09 / 23 / 2014
ľ	Name of Federal Candidate Support Office	e Sought: House District: 00
ŀ	Mr. Mark L Pryor Oppose	President State: AR
	Calendar Year-To-Date Per Election for Office Sought  Disb 2014	ursement For:
(	(a) SUBTOTAL of Itemized Independent Expenditures	60.70
(	(b) SUBTOTAL of Unitemized Independent Expenditures	
(	(c) TOTAL Independent Expenditures	
٧	Under penalty of perjury I certify that the independent expenditures reported herein were not movith, or at the request or suggestion of, any candidate or authorized committee or agent of either coarty committee) any political party committee or its agent.	
	Ms. Emily Buchanan [Electronically Filed] Date	09 24 2014
	Signature	

Schedule E)	LIVI EXI END	HONES	<u> </u>	GE 24 OF 88 R SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDEN	TIFICATION NUMBER ▼
Women Speak Out PAC			C coo	530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	rt filed on	D / Y = Y = Y
Full Name of Payee			Date of Public Dis	stribution/Dissemination
Sue G Walker			09 /	23 2014
Mailing Address 3 Girard			Amount	
City	State	Zip Code		50.00
Fort Smith	AR	72901	Transaction ID: 1 Date of Disburser	f44a95d2-785a-4f02-9 ment or Obligation
Purpose of Expenditure Salary		Category/ Type 001	09	23 / 2014
Name of Federal Candidate		Support	Office Sought:	louse District: 00
Mr. Mark L Pryor		X Oppose		Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	7 ,	100993.01	Disbursement For:  2014  Other (specify)	Primary
Full Name of Payee			Date of Public Di	stribution/Dissemination
Krystal A Wilson			M M / D	23 / 2014
Mailing Address 448 Judson Dr			Amount	
City	State	Zip Code		52.50
Wake Forest	NC	27587		<b>22bf72e-9dfa-4f5b-9</b> ment or Obligation
Purpose of Expenditure Salary		Category/ Type 001	09 /	23 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	President X	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	.,.,	324976.56	Disbursement For: 2014 Other (specification)	Primary
(a) SUBTOTAL of Itemized Independent Expendent	itures			102.50
			7	7
(b) SUBTOTAL of Unitemized Independent Expe	enditures		<b>•</b>	
(c) TOTAL Independent Expenditures			<b>•</b>	1 12 1 12 1
Under penalty of perjury I certify that the indeposit, or at the request or suggestion of, any can party committee) any political party committee or	didate or authorized			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	09 24 1	2014
•				

Schedule E)	PAGE 25 OF 88 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y
Full Name of Payee Krystal A Wilson	Date of Public Distribution/Dissemination
Mailing Address 448 Judson Dr	09 23 2014 Amount
City State Zip Code	9.00
Wake Forest NC 27587 T	Transaction ID : dfaf6459-6e62-49d0-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage  Category/ Type 002	09 23 / 2014
Name of Federal Candidate Support Office So	ought: House District: 00
Mo Koy Hogon	resident Senate State: NC
Calendar Year-To-Date Per Election for Office Sought  Disburse 2014	ement For: Primary X General  Other (specify) ▶
	Date of Public Distribution/Dissemination
Barbara A Williams	09 23 / 2014
	Amount
Apt A City State Zip Code	75.00
Greensboro NC 27407 Tr	ransaction ID: 76149522-8820-4cb6-a Date of Disbursement or Obligation
Purpose of Expenditure Salary  Category/ Type 001	09 / 23 / 2014
Name of Federal Candidate Support Office S	Sought: House District: 00
Ms. Kay Hagan Oppose Pr	resident Senate State: NC
Calendar Year-To-Date Per Election for Office Sought  Disburse 2014 2014	ement For:  Primary
(a) SUBTOTAL of Itemized Independent Expenditures	84.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made with, or at the request or suggestion of, any candidate or authorized committee or agent of either, o party committee) any political party committee or its agent.	
Ms. Emily Buchanan  [Electronically Filed] Date    Date	/ 24 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

Schedule E)	DEIVI EXI EIVD	HORLS	PAGE 26 OF 88 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour repor	t New rep	oort Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Adena V Smith			09 23 2014
Mailing Address 450 Judson Dr			Amount
City	State	Zip Code	50.00
Wake Forest	NC	27587	Transaction ID : 3fd30861-29c7-44a7-b Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	09 23 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		324976.56	Disbursement For: ☐ Primary ☐ General  2014 ☐ Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Adena V Smith			09 23 2014
Mailing Address 450 Judson Dr			Amount
City	State	Zip Code	6.00
Wake Forest	NC	27587	Transaction ID : 0cd8428e-9b9c-4fff-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	09 23 7 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		324976.56	Disbursement For:  Primary  General 2014  General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expe	nditures		56.00
(b) SUBTOTAL of Unitemized Independent Ex	penditures		<b>&gt;</b>
(c) TOTAL Independent Expenditures			<b>•</b>
	andidate or authorized		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
-			

Sched	ule E)	<b>L</b> /(1 <b>L</b> /(2)			PAGE 27 OF FOR SE OF FORM 24,	88 /48
	F COMMITTEE (In Full)				FEC IDENTIFICATION NUMB	
Wom	en Speak Out PAC				C C00530766	
Check if	24-hour report X 48-hour report	New repo	ort Amends re	port filed on	M = M / D = D / Y = Y = Y	Y
Full I	Name of Payee			D	ate of Public Distribution/Dissemina	tion
	c Wilson				09 23 7 2014	
Maii	ng Address 907 Randall Drive			А	mount	
City		State	Zip Code		30	0.00
Sea	rcy	AR	72149		ansaction ID: e8361f54-e4f6-4f01- ate of Disbursement or Obligation	·a
Purp Sala	ose of Expenditure ary		Category/ Type 00	-	09 23 2014	
Nam	e of Federal Candidate		Support	Office So	ught: House District:	00
Mr. I	Mark L Pryor		X Oppose			AR
	Calendar Year-To-Date Per Election for Office Sought	1	00993.01	Disburse 2014	ment For:  Primary	neral
	Name of Payee C Wilson			D	ate of Public Distribution/Dissemina	
					09 / 23 / 2014	
Maili	ng Address 907 Randall Drive			А	mount	
City		State	Zip Code		15.	90
Sea	•	AR	72149	Tra	insaction ID: 8a4772e5-0dd4-4ebf ate of Disbursement or Obligation	-a
Purp Mile	ose of Expenditure age		Category/ Type 002		09 / 23 / 2014	
Nam	e of Federal Candidate		Support	Office S	ought: House District:	00
Mr.	Mark L Pryor		X Oppose	Pr	Seriale State.	AR
	Calendar Year-To-Date Per Election for Office Sought	, ,	100993.01	Disburse 2014	ment For:	eneral
(a) S	JBTOTAL of Itemized Independent Expenditures	6		΄, Γ	45.90	
(a) C.	UDITOTAL OF REITHZEN HINGEPERNORIC EXPORTANCION	<b>&gt;</b>		····· <b>&gt;</b> _	70.00	
(b) S	UBTOTAL of Unitemized Independent Expenditu	ires		···· •	114114114	
(c) T(	OTAL Independent Expenditures			····· • [		
with, o	penalty of perjury I certify that the independer or at the request or suggestion of, any candidate committee) any political party committee or its a	te or authorized				
	Ms. Emily Buchanan	[Electron	ically Filed] Da	ate 09	24 2014	
Sig	nature		_			

Schedule E)	101101120	PAGE 28 OF 88 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report X 48-hour report New	report Amends report fi	iled on Mam / Dad / Yayayay
Full Name of Payee Lisa Booth		Date of Public Distribution/Dissemination
Mailing Address 1434 South Avenue		09 23 2014 Amount
		Amount
City State	Zip Code	95.00
Eden NC	27288	Transaction ID : fd9bcc70-bf27-4c3f-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	09 23 / 2014
Name of Federal Candidate	Support Of	ffice Sought: House District:00
Ms. Kay Hagan	X Oppose	President State: NC
Calendar Year-To-Date Per Election for Office Sought		isbursement For: Primary
Full Name of Payee		Date of Public Distribution/Dissemination
Lisa Booth		09 23 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1434 South Avenue		Amount
City State	Zip Code	19.20
Eden NC	27288	Transaction ID : 8b78b3be-22fa-40b1-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002	09 / 23 / 2014
Name of Federal Candidate	Support O	ffice Sought: House District: 00
Ms. Kay Hagan	X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		isbursement For: ☐ Primary ☐ General 014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures		114.20
(a) 002.01.12 of total mespecial in property (a)	·····	7 7 7
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures	······	
Under penalty of perjury I certify that the independent expenditu with, or at the request or suggestion of, any candidate or author party committee) any political party committee or its agent.		
Ms. Emily Buchanan [Elec	tronically Filed] Date	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature		

Sc	chedule E)			PAGE 29 OF 88 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)		F	FEC IDENTIFICATION NUMBER ▼
W	omen Speak Out PAC		l r	C C00530766
Che	eck if 24-hour report X 48-hour report New report Amend	nds repo	rt filed on	M / D D / Y Y Y Y Y
Т	Full Name of Payee  James R Hooper			f Public Distribution/Dissemination
-	Mailing Address 502 N Oak St		0	09 23 2014
			Amount	
	City State Zip Code			45.00
	Little Rock AR 72205			ction ID: 3fdaaa45-9ddf-473c-8 f Disbursement or Obligation
	Purpose of Expenditure Salary  Category/ Type	001		09 23 2014
l	Name of Federal Candidate Sur	pport	Office Sought:	House District: 00
	Ma Maria I. Davisa	pose	Presiden	
	Calendar Year-To-Date Per Election for Office Sought 100993.01		Disbursement 2014 Oth	For: Primary X General
ŀ	Full Name of Payee			f Public Distribution/Dissemination
	James R Hooper		М	M / D D / Y Y Y Y
-	Mailing Address 502 N Oak St			09 23 2014
	Mailing Address 502 N Oak St		Amount	t
-	City State Zip Code			14.40
	Little Rock AR 72205			ction ID : 975caa34-79e9-47fa-b f Disbursement or Obligation
	Purpose of Expenditure Mileage  Category/ Type	002	M	09 / 23 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
ľ	Name of Federal Candidate Sup	ipport	Office Sought:	: House District: 00
	Mr. Mark L Pryor Opp		Presiden	nt X Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought  100993.01		Disbursement 2014 Oth	For: Primary X General her (specify) ▶
(	(a) SUBTOTAL of Itemized Independent Expenditures		· -	59.40
(	(b) SUBTOTAL of Unitemized Independent Expenditures		· •	7 1 7 1 7
(	(c) TOTAL Independent Expenditures		<b>&gt;</b>	7
W	Under penalty of perjury I certify that the independent expenditures reported herein with, or at the request or suggestion of, any candidate or authorized committee or coarty committee) any political party committee or its agent.			
	Ms. Emily Buchanan [Electronically Filed]	Date		24 2014
	Signature			

Sc	hedule E)	L:\	1101120				PAGE 30 OF 88 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)					FEC ID	DENTIFICATION NUMBER ▼
W	omen Speak Out PAC						C00530766
Che	eck if 24-hour report X 48-hour report Ne	ew repo	ort Ameno	ds repo	rt filed on	1 = M /	D = D / Y = Y = Y
T	Full Name of Payee Samantha M Dowell					и – м	c Distribution/Dissemination
ŀ	Mailing Address 8450 Mount Valley Lane Apt 204				Amou	09 int	23 2014
ŀ	City State		Zip Code		— I.		12.00
	Raleigh NC		27613				ID: c6077d7e-551f-4935-a ursement or Obligation
	Purpose of Expenditure Salary		Category/ Type	001		09	23 / 2014
ŀ	Name of Federal Candidate		Sup	port	Office Sough	nt:	House District: 00
	Ms. Kay Hagan		X Opp	-	Presid		Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought	3	324976.56		Disbursemer 2014	nt For: Other (sp	Primary
	Full Name of Payee Samantha M Dowell  Mailing Address 8450 Mount Valley Lane Apt 204					09	c Distribution/Dissemination
-	City State		Zip Code		-		0.30
	Raleigh NC		27613				D: 8424df6e-b390-458d-8 ursement or Obligation
	Purpose of Expenditure Mileage		Category/ Type	002	$\Box \mid \Box$	09	23 2014
Ī	Name of Federal Candidate		Sup	port	Office Sough	nt:	House District:00
-	Ms. Kay Hagan		X Opp	ose	Presid		Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought		324976.56		Disbursemer 2014		Primary X General Decify) ▶
(	(a) SUBTOTAL of Itemized Independent Expenditures				<b>•</b>		12.30
(	(b) SUBTOTAL of Unitemized Independent Expenditures				· -	1 7	1 1 2 1 1 2 1
(	(c) TOTAL Independent Expenditures				•		
٧	Under penalty of perjury I certify that the independent expensivith, or at the request or suggestion of, any candidate or authoraty committee) any political party committee or its agent.						
		Electron	nically Filed]	Date	M M /	24	2014
	Signature						

Schedule E)	LIVI EXI LIVE	HORLS	PAGE 31 OF 88 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New rep	oort Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
David Ford			09 / 23 / 2014
Mailing Address 106 Hillside St			Amount
City	State	Zip Code	85.00
Spindale	NC	28160	Transaction ID: 2897f3d8-db79-4c8d-b Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	, , ,	324976.56	Disbursement For:  Primary  General  2014  Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
David Ford			09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 106 Hillside St			Amount
City	State	Zip Code	41.70
Spindale	NC	28160	Transaction ID : d9fbb728-9f3f-4838-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	09 / 23 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		324976.56	Disbursement For:  Primary  General  2014  General
(a) SUBTOTAL of Itemized Independent Expen	ditures		126.70
//s) CURTOTAL of Unitermined Independent Firm			
(b) SUBTOTAL of Unitermized Independent Exp	enditures		•
(c) TOTAL Independent Expenditures			<b>&gt;</b>
	ndidate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	09 / 24 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
=			

Sc	hedule E)	XI LIVDI	TONES				PAGE 32 OF 88 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)					FEC ID	DENTIFICATION NUMBER ▼
VV	omen Speak Out PAC					C	C00530766
Che	eck if 24-hour report X 48-hour report	New repo	ort An	nends repo	rt filed on	M = M /	D = D / Y = Y = Y = Y
Т	Full Name of Payee				D	ate of Public	Distribution/Dissemination
	Jon Linch					09 /	23 / 2014
	Mailing Address 6108 Harkins Ave				Α	mount	
ŀ	City Stat	e	Zip Code				42.50
	Little Rock AF	R	72210				D: 6e8f9354-98d4-41db-a ursement or Obligation
	Purpose of Expenditure Salary		Category/ Type	001		09	23 2014
Ī	Name of Federal Candidate			Support	Office So	ought:	House District: 00
	Mr. Mark L Pryor		X	Oppose	Pre	esident >	Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought	. 1	00993.01		Disburse 2014	ment For: Other (sp	Primary
ſ	Full Name of Payee				D	ate of Public	c Distribution/Dissemination
	Jon Linch					09	23 / 2014
	Mailing Address 6108 Harkins Ave				А	mount	
ŀ	City Stat	te	Zip Code				15.60
	Little Rock AF	₹	72210				D: 60ed9a78-94dd-46a0-9 ursement or Obligation
	Purpose of Expenditure Mileage		Category/ Type	002		09 /	23 2014
ľ	Name of Federal Candidate			Support	Office So	ought:	House District: 00
	Mr. Mark L Pryor			Oppose	Pr	esident >	Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought		100993.0	1	Disburse 2014	ment For: Other (sp	Primary X General Decify) ▶
(	a) SUBTOTAL of Itemized Independent Expenditures				Г		58.10
Ì						7	7
(	b) SUBTOTAL of Unitemized Independent Expenditures				•	1 1 7	75
(	c) TOTAL Independent Expenditures				•	7	114114
٧	Under penalty of perjury I certify that the independent experit, or at the request or suggestion of, any candidate or earty committee) any political party committee or its agent	authorized					
	Ms. Emily Buchanan Signature	[Electron	ically Filed]	Date	M M	/ 24	2014

Schedule E)	01 1102. 2.102	1 <b>L</b> /(1 <b>L</b> /(2)	TOTILE		PAGE 33 OF 88 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In F					FEC IDENTIFICATION NUMBER ▼
Women Speak Out	PAC				C C00530766
Check if 24-hour report	X 48-hour report	New repo	ort Amends r	eport filed	on M M M / D D / Y Y Y Y Y Y
Full Name of Payee					Date of Public Distribution/Dissemination
Tylan S Green					09 / 23 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 2320 Sai	int Nick Dr				Amount
City		State	Zip Code		70.00
New Orleans		LA	70131		Transaction ID : 5f95447a-5ea5-4368-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary			Category/ Type 0	001	09 / 23 / 2014
Name of Federal Candida	ite		Support	t Office	Sought: House District:00
Ms. Mary L Landrieu			X Oppose		President Senate State: LA
Calendar Year-To-Dat Per Election for Offic		, , ,	125532.24	Disbur 2014	rsement For: Primary
Full Name of Payee					Date of Public Distribution/Dissemination
Tylan S Green					09 23 2014
Mailing Address 2320 S	Saint Nick Dr				للنبا لنا لنا
					Amount
City		State	Zip Code		13.50
New Orleans		LA	70131		Transaction ID : 5a16b5c9-3260-48d1-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage			Category/ Type	02	09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candida	ite		Suppor	rt Office	Sought: House District: 00
Ms. Mary L Landrieu			X Oppose	e	President Senate State: LA
Calendar Year-To-Dat Per Election for Office		, , ,	125532.24	Disbu 2014	rsement For:  Primary
(a) SUBTOTAL of Itemized	Independent Expenditure	e		······ <b>&gt;</b>	83.50
(b) SUBTOTAL of Unitemiz	zed Independent Expendit	ures		····· <b>&gt;</b>	
(c) TOTAL Independent Ex	xpenditures			······ <b>&gt;</b>	
	suggestion of, any candida	ate or authorized			de in cooperation, consultation, or concert, or (if the reporting entity is not a political
Ms. Emily Buch	nanan	[Electron	ically Filed]	Date 09	9 24 2014
Signature			_		

<b>,</b>				FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report X 48-hour report	New report	Amends repor		M / D D / Y Y Y Y Y
Full Name of Payee			Date o	of Public Distribution/Dissemination
Malinda Ledford			М	09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 44 Bell Street Ext			Amour	nt
City	State Zip	o Code		80.00
	NC 28	3777		action ID : 42645d92-3484-4158-b of Disbursement or Obligation
Purpose of Expenditure Salary	C	Category/ Type 001	M	09 / 23 / 2014
Name of Federal Candidate	· ·	Support	Office Sough	t: House District:00
Ms. Kay Hagan		X Oppose	Preside	ent Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	3249	976.56	Disbursement	t For: Primary X General
Full Name of Payee Malinda Ledford  Mailing Address 44 Bell Street Ext	20.11		Date of Management of Manageme	09 23 2014 nt
'		p Code	Transs	29.40
Spruce Pine	NC 28	8777 		ction ID: 744aef27-88c3-4efb-8 of Disbursement or Obligation
Purpose of Expenditure Mileage	С	Category/ Type 002	M	09 / D D / Y Y Y Y Y Y
Name of Federal Candidate	· ·	Support	Office Sough	t: House District: 00
Ms. Kay Hagan		X Oppose	Preside	ent Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		324976.56	Disbursemen 2014 O	t For:
(a) SUBTOTAL of Itemized Independent Expenditures			· [	109.40
(b) SUBTOTAL of Unitemized Independent Expenditure	98		•	
(c) TOTAL Independent Expenditures			•	7 7 7
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its ag	or authorized co			
Ms. Emily Buchanan	[Electronical	lly Filed] Date	M M /	24 2014
Signature				

PAGE

OF

88

Schedu	ule E)	WI EX. 2.12.	1101120		PAGE 35 OF 88 FOR SE OF FORM 24/48
	F COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Wome	en Speak Out PAC				C C00530766
Check if	24-hour report X 48-hour report	New rep	ort Amends repo	ort filed on	M / D D / Y Y Y Y Y
	Name of Payee elsea M Slattery			M	f Public Distribution/Dissemination
Mailir	ng Address 17 Shenandoah St			Amour	09 23 2014 nt
City		State	Zip Code		22.00
Kenr	ner	LA	70065		action ID: 91ce7388-f5dc-4f5d-a  f Disbursement or Obligation
Purpo Sala	ose of Expenditure ry		Category/ Type 001	M	09 / 23 / 2014
Name	e of Federal Candidate		Support	Office Sought	: House District: 00
Ms. I	Mary L Landrieu		X Oppose	Preside	nt Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	, , ,	125532.24	Disbursement 2014 Ot	For: Primary X General
Ch	Name of Payee elsea M Slattery			М	of Public Distribution/Dissemination
Mailir	ng Address 17 Shenandoah St			Amour	nt
City		State	Zip Code		5.10
Keni		LA	70065	Transa Date o	ction ID : 7a4485a3-e99f-43f6-9 of Disbursement or Obligation
Mile	ose of Expenditure age		Category/ Type 002	M	09 23 / 2014
	e of Federal Candidate		Support	Office Sought	: House District: 00
Ms. I	Mary L Landrieu		X Oppose	Preside	ent X Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	7 7	125532.24	Disbursement 2014 Of	t For: Primary X General ther (specify) ▶
(a) Sl	JBTOTAL of Itemized Independent Expenditu	ures		· [	27.10
(b) Sl	JBTOTAL of Unitemized Independent Expendent	ditures		. •	7 1 7 1 7
(c) TO	OTAL Independent Expenditures			<b>•</b>	7
with, o	penalty of perjury I certify that the independent at the request or suggestion of, any candicommittee) any political party committee or it	date or authorized			
	Ms. Emily Buchanan	[Electron	nically Filed] Date	9 09 /	24 2014
Sig	nature				

Schedule E)	JENT EXICITE	TIONES	PAGE 36 OF 88 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour repor	t New rep	port Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Diane Smith			09 / 23 / 2014
Mailing Address 4006 Wolkswalk Place			Amount
City	State	Zip Code	21.50
Raleigh	NC	27610	Transaction ID : ae01b388-d5ed-43e4-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	09 / 23 / 2014
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	.,,	324976.56	Disbursement For:  Primary  General  2014  Other (specify) ▶
Full Name of Payee	_		Date of Public Distribution/Dissemination
Diane Smith			09 / 23 / 2014
Mailing Address 4006 Wolkswalk Place			Amount
City	State	Zip Code	5.70
Raleigh	NC	27610	Transaction ID : f1ac0772-bc39-4340-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	09 / 23 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	-	324976.56	Disbursement For:  Primary  General  2014  General  Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Exper	nditures		27.20
			7- 7- 7-
(b) SUBTOTAL of Unitemized Independent Ex	penditures		•
(c) TOTAL Independent Expenditures			· · · · · · · · · · · · · · · · · · ·
	andidate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	09
<del>y</del>			

Schedule E)	151101.120	PAGE 37 OF 88 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report X 48-hour report New	report Amends report t	filed on
Full Name of Payee Antoinette Franklin		Date of Public Distribution/Dissemination
Mailing Address 8822 Apple St		09 23 2014 Amount
014	7'n Oada	05.00
City State New Orleans LA	Zip Code 70188	65.00  Transaction ID : 11d90268-9a97-485b-a  Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	09 / 23 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support C	Office Sought: House District: 00
Ms. Mary L Landrieu	X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		olsbursement For:  Primary
Full Name of Payee Antoinette Franklin		Date of Public Distribution/Dissemination
Mailing Address 8822 Apple St		Amount
City State	Zip Code	65.00
New Orleans LA	70188	Transaction ID : bae88360-3797-4d19-b  Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	09 / 23 / 2014
Name of Federal Candidate	Support	Office Sought: House District: 00
Ms. Mary L Landrieu	X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☐ General ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	)	130.00
(b) SUBTOTAL of Unitemized Independent Expenditures	)	
(c) TOTAL Independent Expenditures		
Under penalty of perjury I certify that the independent expenditu with, or at the request or suggestion of, any candidate or authoriparty committee) any political party committee or its agent.		
	tronically Filed] Date	09 24 2014
Signature		

		1	FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDE	ENTIFICATION NUMBER ▼
۷۷	omen Speak Out PAC	C	00530766
Che	eck if 24-hour report X 48-hour report New report Amends report filed	on M M /	D = D / Y = Y = Y
Т	Full Name of Payee	Date of Public	Distribution/Dissemination
	Miranda A Resinos	09	23 / 2014
	Mailing Address 1430 Sunnyside Rd	Amount	
ŀ	City State Zip Code		70.00
	Alma AR 72921		3: 82e0154f-94b5-440f-8 sement or Obligation
	Purpose of Expenditure Salary  Category/ Type 001	09 /	23 / 2014
Ì	Name of Federal Candidate Support Office	Sought:	House District: 00
	Mr Mark I Pryor	_	Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought  Disbut 2014	sement For:	Primary General
ŀ	5 11 11 1 1 2	Other (spe	
	Full Name of Payee Miranda A Resinos	M = M /	Distribution/Dissemination
	Mailing Address 1430 Sunnyside Rd	09 Amount	23 2014
ŀ	City State Zip Code		11.40
			: e39904e4-4295-46ed-a sement or Obligation
	Purpose of Expenditure Mileage  Category/ Type  002	09	23 / 2014
ľ	Name of Federal Candidate Support Office	Sought:	House District: 00
	Mr. Mark L Pryor Oppose	President X	Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought  Disbu 2014	sement For:	Primary
(	(a) SUBTOTAL of Itemized Independent Expenditures	7	81.40
(	(b) SUBTOTAL of Unitemized Independent Expenditures		
(	(c) TOTAL Independent Expenditures	7	
١	Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of either, party committee) any political party committee or its agent.		
	Ms. Emily Buchanan [Electronically Filed] Date 05	M / D D D 24	2014
	Signature		

PAGE

38

OF

88

Schedule E)	DEINI EXI END	ITOTILO	PAGE 39 OF FOR SE OF FORM 24	88 1/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMB	BER ▼
Women Speak Out PAC			C C00530766	
Check if 24-hour report X 48-hour report	t New rep	ort Amends repo	rt filed on	Y
Full Name of Payee Tammay Williams			Date of Public Distribution/Dissemina	
Mailing Address 924 N. Prieur St			09 23 2014 Amount	1
		7: 0 1		
City New Orleans	State LA	Zip Code 70116	Transaction ID : c82eb4f0-e902-4da Date of Disbursement or Obligation	0.00 1 <b>1-b</b>
Purpose of Expenditure Salary		Category/ Type 001	09 / 23 / Y 201	
Name of Federal Candidate		Support	Office Sought: House District: _	00
Ms. Mary L Landrieu		X Oppose	President State:	LA
Calendar Year-To-Date Per Election for Office Sought		125532.24	Disbursement For: ☐ Primary ☐ G 2014 ☐ Other (specify) ▶	eneral
Full Name of Payee			Date of Public Distribution/Dissemina	ation
Tammay Williams			09 23 Y 201	4
Mailing Address 924 N. Prieur St			Amount	
City	State	Zip Code	15	.00
New Orleans	LA	70116	Transaction ID : bdd2373b-ce94-42e  Date of Disbursement or Obligation	4-9
Purpose of Expenditure Mileage		Category/ Type 002	09 / D 23 / Y 2014	
Name of Federal Candidate		Support	Office Sought: House District:	00
Ms. Mary L Landrieu		X Oppose	President Senate State:	LA
Calendar Year-To-Date Per Election for Office Sought		125532.24	Disbursement For:  Primary  S G 2014  Other (specify) ►	ieneral
(a) SUBTOTAL of Itemized Independent Expe	nditures		95.0	0
(b) SUBTOTAL of Unitemized Independent Ex	penditures			
			4 1 4	
(c) TOTAL Independent Expenditures			<b>&gt;</b>	
Under penalty of perjury I certify that the indewith, or at the request or suggestion of, any committee) any political party committee	andidate or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	09 24 2014	
Signature				

Sch	nedule E)	PAGE 40 OF 88 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
W	omen Speak Out PAC	C C00530766
Ched	ck if 24-hour report X 48-hour report New report Amends report file	ed on Mam / Dab / Yayayay
	Full Name of Payee	Date of Public Distribution/Dissemination
	Rachel H Young	09 23 2014
	Mailing Address Box #11543 915 E Market Ave	Amount
(	City State Zip Code	40.00
	Searcy AR 72149	Transaction ID: 8803590c-7e4f-4730-8 Date of Disbursement or Obligation
	Purpose of Expenditure Salary  Category/ Type 001	09 / 23 / 2014
	Name of Federal Candidate Support Offi	ce Sought: House District: 00
	Mr. Mark L Pryor Oppose	President Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought  Dis 201	bursement For:  Primary  General  Other (specify) ▶
	Full Name of Payee	Date of Public Distribution/Dissemination
	Rachel H Young	M = M / D = D / Y = Y = Y
-	Mailing Address Box #11543 915 F Market Ave	09 23 2014
	Box #11543 915 E Market Ave	Amount
	City State Zip Code	21.00
	Searcy AR 72149	Transaction ID: 1719e189-40bd-4468-8 Date of Disbursement or Obligation
	Purpose of Expenditure Mileage  Category/ Type  002	09 / 23 / 2014
	Name of Federal Candidate Support Off	ice Sought: House District: 00
	Mr. Mark L Pryor Oppose	President Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought  Dis 20	bursement For:  Primary  General  Other (specify) ▶
	·	
(a	a) SUBTOTAL of Itemized Independent Expenditures	61.00
(k	b) SUBTOTAL of Unitemized Independent Expenditures	1 7 1 7 1 7
(0	c) TOTAL Independent Expenditures	
W	Inder penalty of perjury I certify that the independent expenditures reported herein were not in with, or at the request or suggestion of, any candidate or authorized committee or agent of eith arty committee) any political party committee or its agent.	
	Ms. Emily Buchanan [Electronically Filed] Date	09 24 2014
	Signature	

Sch	edule E)	EXI ENDI	101120			PAGE 41 OF 88 FOR SE OF FORM 24/48
	E OF COMMITTEE (In Full)				FEC	IDENTIFICATION NUMBER ▼
Wc	omen Speak Out PAC				С	C00530766
Chec	k if 24-hour report X 48-hour report	New repo	ort Amends	s report fil	ed on	/ D = D / Y = Y = Y
T	Full Name of Payee				Date of Pub	olic Distribution/Dissemination
	Patrice Wolfe				09	23 / 2014
N	Mailing Address 9909 Treasure Hill Rd				Amount	
	Dity	State	Zip Code			20.00
	Little Rock	AR	72205			n ID : ce2cdacb-a5e5-48aa-b bursement or Obligation
	Purpose of Expenditure Salary		Category/ Type	001	09	23 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
N	Name of Federal Candidate		Supp	ort Off	fice Sought:	House District:00
	Mr. Mark L Pryor		У Орро		President	Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought	, 1	00993.01	Dis 20°		Primary ⊠ General Specify) ►
	Full Name of Payee				Date of Pub	olic Distribution/Dissemination
	Patrice Wolfe				M M M 09	23 2014
<u> </u>	Mailing Address 9909 Treasure Hill Rd					20 2017
					Amount	
	Dity	State	Zip Code			4.20
	Little Rock	AR	72205		Transaction Date of Dis	ID: e7903880-4277-48ac-b bursement or Obligation
	Purpose of Expenditure Mileage		Category/ Type	002	M 09	23 / 2014
1	Name of Federal Candidate		Supp	ort Of	fice Sought:	House District: 00
	Mr. Mark L Pryor		X Oppo	ose	President	Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought		100993.01		sbursement For: 014 Other (	Primary X General Specify) ▶
(a	) SUBTOTAL of Itemized Independent Expenditures.					24.20
(b	) SUBTOTAL of Unitemized Independent Expenditur	es		······ <b>&gt;</b>		
(с	) TOTAL Independent Expenditures			······ <b>&gt;</b>		F 1 7 1 7
wi	nder penalty of perjury I certify that the independent th, or at the request or suggestion of, any candidate arty committee) any political party committee or its ag	or authorized				
	Ms. Emily Buchanan	[Electroni	cally Filed]	Date	M M / D 24	
	Signature		_	-		

Schedule E)		PAGE 42 OF 88 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report X 48-hour report New report	Amends report filed or	M = M / D = D / Y = Y = Y
Full Name of Payee Kenny Wallis	С	Date of Public Distribution/Dissemination
,		09 / 23 / 2014
Mailing Address 6412 Osage Dr	A	Amount
City State Zip C	Code	80.00
North Little rock AR 7211		Transaction ID: 18901a8a-b095-46f3-b Date of Disbursement or Obligation
Purpose of Expenditure Salary Cate	regory/ Type 001	09 / 23 / 2014
Name of Federal Candidate	Support Office S	lought: House District: 00
Mr. Mark L Pryor		resident State: AR
Calendar Year-To-Date Per Election for Office Sought		ement For:
Full Name of Payee	[	Date of Public Distribution/Dissemination
Kenny Wallis		09 23 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 6412 Osage Dr	A	Amount
City State Zip C	Code	7.38
North Little rock AR 721		ransaction ID: c34f784d-e855-4644-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage  Cate	regory/ Type 002	09 / 23 / 2014
Name of Federal Candidate	Support Office S	Sought: House District: 00
Mr. Mark L Pryor	X Oppose P	resident X Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	0993.01 Disburs 2014	ement For:
(a) SUBTOTAL of Itemized Independent Expenditures		87.38
	,	7 7 7
(b) SUBTOTAL of Unitemized Independent Expenditures	·····	7 7
(c) TOTAL Independent Expenditures		
Under penalty of perjury I certify that the independent expenditures repor with, or at the request or suggestion of, any candidate or authorized comparty committee) any political party committee or its agent.		
Ms. Emily Buchanan [Electronically I	Filed] Date 09	/ 24 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

Schedule E)	DENT EXTEND	ITOTIES	PAGE FOR SE	43 OF 88 OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFIC	ATION NUMBER ▼
Women Speak Out PAC			C C005307	66
Check if 24-hour report X 48-hour repor	t New rep	ort Amends repo	t filed on	/
Full Name of Payee			Date of Public Distribu	tion/Dissemination
Christopher Marquess			09 / 23	2014
Mailing Address 110 W Pecan St			Amount	
City	State	Zip Code		50.00
Ville Platte	LA	70586	Transaction ID : ce39	
Purpose of Expenditure Salary		Category/ Type 001	09 / 23	2014
Name of Federal Candidate		Support	Office Sought: House	District: 00
Ms. Mary L Landrieu		X Oppose	President Senat	e State: LA
Calendar Year-To-Date Per Election for Office Sought		125532.24	Disbursement For: Prin 2014 Other (specify) ▶	nary X General
Full Name of Payee			Date of Public Distribu	tion/Dissemination
Christopher Marquess			09 / D D D D D D D D D D D D D D D D D D	2014
Mailing Address 110 W Pecan St			Amount	
City	State	Zip Code		17.40
Ville Platte	LA	70586	Transaction ID : 1c644 Date of Disbursement	
Purpose of Expenditure Mileage		Category/ Type 002	09 / D D D 23	2014
Name of Federal Candidate		Support	Office Sought: House	e District: 00
Ms. Mary L Landrieu		Oppose	President Senat	
Calendar Year-To-Date Per Election for Office Sought		125532.24	Disbursement For: Prir 2014 Other (specify) ▶	nary X General
(a) SUBTOTAL of Itemized Independent Expe	nditures			67.40
			7	7
(b) SUBTOTAL of Unitemized Independent Ex	penditures		<b>&gt;</b>	*
(c) TOTAL Independent Expenditures			<b>•</b>	4
Under penalty of perjury I certify that the indewith, or at the request or suggestion of, any committee) any political party committee	andidate or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	09 / 24 / Y	2014
•				

Schedule E)	I EXI END	TIONES		PAGE 44 OF 88 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	ort filed on	M / D = D / Y = Y = Y
Full Name of Payee Natalie M Foutch			M	f Public Distribution/Dissemination
Mailing Address 1057 Waldron Road			Amour	09 23 2014 nt
City	State	Zip Code		40.00
LaVergne	TN	37086		action ID: 7622a61a-5151-40c1-a  f Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M	09 23 / 2014
Name of Federal Candidate		Support	Office Sought	: House District:00
Mr. Mark L Pryor		X Oppose	Preside	nt Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	, , ,	100993.01	Disbursement 2014 Ot	For: Primary
Full Name of Payee			Date of	of Public Distribution/Dissemination
Shantal C Culbreath			М	09 23 2014
Mailing Address 4691 Hercules Lane				
			Amour	nt
City	State	Zip Code		100.00
Woodbridge	VA	22193	Transa Date o	ction ID: 2f79e502-6490-4609-8 If Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M	09 Z3 Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sough	t: House District: 00
Ms. Kay Hagan		X Oppose	Preside	ent Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	7	324976.56	Disbursement 2014 Of	t For: Primary X General ther (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditure	∋s		·· •	140.00
(b) SUBTOTAL of Unitemized Independent Expendi	tures		·· •	1 7 1 1 7 1 7
(c) TOTAL Independent Expenditures				7
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its	ate or authorized			
Ms. Emily Buchanan	[Electror	nically Filed] Date	e 09	24 2014
Signature				

Schedule E)		PAGE 45 OF 88 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report X 48-hour report New report	Amends report filed on	M = M / D = D / Y = Y = Y
Full Name of Payee Charity A Carr	Date	e of Public Distribution/Dissemination
Mailing Address 13827 S E 44th St		09 / 23 / 2014
13027 3 L THUI OL	Amo	ount
City State Zip Code	e	55.00
Choctaw OK 73020		nsaction ID: 39886c97-aabf-4ee4-9 e of Disbursement or Obligation
Purpose of Expenditure Salary  Catego Ty	ory/ /pe 001	09 / 23 / Y Y Y Y Y
Name of Federal Candidate	Support Office Soug	ght: House District: 00
Mr. Mark L Pryor	Oppose Presi	
Calendar Year-To-Date Per Election for Office Sought 100993.01	Disburseme 2014	ent For:  Primary
Full Name of Payee	Date	e of Public Distribution/Dissemination
Amelia Brackett		09 23 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 804 Roundabout Circle	Δm(	ount
		Juni
City State Zip Cod		80.00
Searcy AR 72143	Trans Date	saction ID: 3a6eb48f-cb0c-441f-a e of Disbursement or Obligation
Purpose of Expenditure Salary  Catego Ty	ory/ vpe 001	09 / 23 / 2014
Name of Federal Candidate	Support Office Sou	ght: House District: 00
Mr. Mark L Pryor	Oppose Presi	ident Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	Disburseme 2014	ent For:
(a) SUBTOTAL of Itemized Independent Expenditures	······	135.00
(b) SUBTOTAL of Unitemized Independent Expenditures		7 7 7 7
(c) TOTAL Independent Expenditures	· [	
Under penalty of perjury I certify that the independent expenditures reported with, or at the request or suggestion of, any candidate or authorized committee party committee) any political party committee or its agent.		
Ms. Emily Buchanan [Electronically File	d] Date 09	24 2014
Signature		

Schedule E)	PAGE 46 OF 88 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New report Amends report filed on	M / D = D / Y = Y = Y
Theresa a Youngblood	f Public Distribution/Dissemination
Mailing Address 102 S Main Street Apt A2  Amoun	09 23 2014 ut
City State Zip Code	100.00
Berryville VA 22611 <b>Transa</b>	action ID : eee518ab-1d3e-4c50-a  f Disbursement or Obligation
Purpose of Expenditure Category/	09 23 2014
Name of Federal Candidate Support Office Sought:	: House District: 00
Mr. Mark L Pryor Oppose Presider	nt Senate State: AR
Calendar Year-To-Date Per Election for Office Sought  Disbursement 2014 Ott	For: Primary X General her (specify) ▶
Anna C Didier	of Public Distribution/Dissemination
Mailing Address 710 S College Rd Apt 84  Amoun	09 23 2014 nt
City State Zip Code	20.00
Lafayette LA 70503 Transac Date o	ction ID : a3e890db-16ce-4c5a-a of Disbursement or Obligation
	09 23 2014
Name of Federal Candidate Support Office Sought	: House District: 00
Ms. Mary L Landrieu	
Calendar Year-To-Date Per Election for Office Sought  Disbursement 2014 Ot	: For:
(a) SUBTOTAL of Itemized Independent Expenditures	120.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cowith, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the party committee) any political party committee or its agent.	
Ms. Emily Buchanan  [Electronically Filed] Date	24 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

Schedule E)	in Exi End	ITOTILO	<b>⊢</b>	PAGE 47 OF 88 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDE	ENTIFICATION NUMBER ▼
Women Speak Out PAC			C	00530766
Check if 24-hour report X 48-hour report	New rep	ort Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee			Date of Public	Distribution/Dissemination
Anna C Didier			M M /	23 / 2014
Mailing Address 710 S College Rd Apt 84			Amount	
City	State	Zip Code		22.50
Lafayette	LA	70503		: 68f58e51-2191-42fd-a sement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	09	23 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President X	<u> </u>
Calendar Year-To-Date Per Election for Office Sought		125532.24	Disbursement For: [2014 Other (spe	Primary
Full Name of Payee	_		Date of Public	Distribution/Dissemination
Ashley n Thompson			M M / 09	23 / 2014
Mailing Address 272 Westgate Ct Apt 6			Amount	2014
City	State	Zip Code		20.00
Lexington  Purpose of Expenditure	NC	27295		: 290d3a5b-2af7-4845-b sement or Obligation
Salary		Category/ Type 001	09	23 / Y 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	President X	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		324976.56	Disbursement For: 2014 Other (spe	Primary
(a) SUBTOTAL of Itemized Independent Expendi	ures		<b>—</b>	42.50
(b) SUBTOTAL of Unitemized Independent Exper	nditures		<b>&gt;</b>	
(c) TOTAL Independent Expenditures			<b>)</b>	79.
Under penalty of perjury I certify that the independent, or at the request or suggestion of, any cancer party committee) any political party committee or	idate or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	09 / 24	2014
<b>3</b>				

Schedule E)	JENT EXTEND	HORLS	PAGE 48 OF FOR SE OF FORM	
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NU	MBER ▼
Women Speak Out PAC			C C00530766	
Check if 24-hour report X 48-hour report	New rep	oort Amends repo	t filed on	YYY
Full Name of Payee			Date of Public Distribution/Disser	nination
Randy G Lookabill				2014
Mailing Address 200 Carawood Lane			Amount	
City	State	Zip Code		50.00
Lexington	NC	27295	Transaction ID : 29b32705-57f8- Date of Disbursement or Obligati	41c5-b
Purpose of Expenditure Salary		Category/ Type 001	M = M / D = D / Y =	2014
Name of Federal Candidate		Support	Office Sought: House Distric	t:00
Ms. Kay Hagan		X Oppose	President Senate State	_
Calendar Year-To-Date Per Election for Office Sought	7	324976.56	Disbursement For: Primary ≥ 2014 Other (specify) ▶	General
Full Name of Payee			Date of Public Distribution/Disser	mination
Randy G Lookabill				2014
Mailing Address 200 Carawood Lane			Amount	
City	State	Zip Code		18.00
Lexington	NC	27295	Transaction ID: 1cb300ce-107b- Date of Disbursement or Obligat	
Purpose of Expenditure Mileage		Category/ Type 002		2014
Name of Federal Candidate		Support	Office Sought: House Distric	t: <u>00</u>
Ms. Kay Hagan		X Oppose	President Senate State	
Calendar Year-To-Date Per Election for Office Sought	7 7	324976.56	Disbursement For:  Primary ≥ 2014 Other (specify) ►	General
(a) SUBTOTAL of Itemized Independent Exper	nditures		6	8.00
,,			7 7 7	
(b) SUBTOTAL of Unitemized Independent Ex	oenditures		·	4
(c) TOTAL Independent Expenditures			<b>•</b>	<u>~</u>
Under penalty of perjury I certify that the inde with, or at the request or suggestion of, any caparty committee) any political party committee	andidate or authorized			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
=				

Schedule E)	INI EXI END	HONES	<u> </u>	AGE 49 OF 88 OR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDEI	NTIFICATION NUMBER ▼
Women Speak Out PAC			C co	00530766
Check if 24-hour report X 48-hour report	New rep	oort Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee			Date of Public D	Distribution/Dissemination
Logan B Piper			09	23 / 2014
Mailing Address 3205 Pebble Beach Rd			Amount	
City	State	Zip Code		38.70
Conway	AR	72034		: 02106bbf-f493-4a53-8 ement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	09	23 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Mark L Pryor		X Oppose	President X	Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	7	100993.01	Disbursement For:  2014  Other (spec	Primary
Full Name of Payee			Date of Public I	Distribution/Dissemination
Logan B Piper			09	23 / 2014
Mailing Address 3205 Pebble Beach Rd			Amount	
City	State	Zip Code		2.58
Conway	AR	72034		5a5bb332-f305-43ea-a ement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	09 /	23 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Mark L Pryor		Oppose	President X	Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		100993.01	Disbursement For: 2014 Other (spec	Primary X General
(a) SUBTOTAL of Itemized Independent Expend	tures		•	41.28
				7 7
(b) SUBTOTAL of Unitemized Independent Expe	nditures		<b>•</b>	4
(c) TOTAL Independent Expenditures			<b>•</b>	7
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any can party committee) any political party committee or	didate or authorized			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	09 / 24	2014
-				

	medule Ly	FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
V	Vomen Speak Out PAC	C C00530766
Ch	eck if 24-hour report X 48-hour report New report Amends report filed	on Man / Dad / Yayayay
	Full Name of Payee	Date of Public Distribution/Dissemination
	Kristian A Jones	09 23 2014
	Mailing Address 121 Blueberry Fields	Amount
	City State Zip Code	10.00
	Maple Hill NC 28454	Transaction ID : b8ae3ed9-c0c9-4f53-9 Date of Disbursement or Obligation
	Purpose of Expenditure Salary  Category/ Type  001	09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate Support Office	e Sought: House District: 00
	Ms. Kay Hagan Oppose	President Senate State: NC
	004070 50	ursement For: Primary General
	Per Election for Office Sought 324976.56 2014	Other (specify) ▶
	Full Name of Payee  Kristian A Jones	Date of Public Distribution/Dissemination
	Mailing Address 121 Blueberry Fields	09 23 2014
		Amount
	City State Zip Code	3.00
	Maple Hill NC 28454	Transaction ID: 47d0f91f-7d2e-4572-a Date of Disbursement or Obligation
	Purpose of Expenditure Mileage  Category/ Type  002	09 23 / 2014
	Name of Federal Candidate Support Offic	e Sought: House District: 00
		President State: NC
	Calendar Year-To-Date Per Election for Office Sought  Disb 2014	ursement For:
	(a) SUBTOTAL of Itemized Independent Expenditures	13.00
	(b) SUBTOTAL of Unitemized Independent Expenditures	
	(c) TOTAL Independent Expenditures	
	Under penalty of perjury I certify that the independent expenditures reported herein were not mwith, or at the request or suggestion of, any candidate or authorized committee or agent of eithe party committee) any political party committee or its agent.	
		09 24 2014
	Signature	2. 2017

PAGE 50

OF

88

Sch	edule E)	<b>L</b> .	1101120				PAGE 51 OF 88 FOR SE OF FORM 24/48
	OF COMMITTEE (In Full)					FEC II	DENTIFICATION NUMBER ▼
Wo	men Speak Out PAC					С	C00530766
Check	c if 24-hour report X 48-hour report N	lew repo	ort Ame	ends repo	rt filed on	M = M	/ D = D / Y = Y = Y
F	ull Name of Payee				Dat	e of Publi	c Distribution/Dissemination
	Gregory Green					M M M 09	23 / 2014
IM	lailing Address 2506 Bolch Street				Am	ount	
С	ity State		Zip Code				80.00
	Shreveport LA		71104				ID : 3a5fcc84-c20e-49ed-b ursement or Obligation
	urpose of Expenditure Salary		Category/ Type	001		M 09	23 2014
N	ame of Federal Candidate		Sı	upport	Office Sou	ght:	House District: 00
N	/Is. Mary L Landrieu		Xo	ppose	Pres	ident	Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	1	25532.24		Disbursem 2014	ent For: Other (sp	Primary X General Decify) ▶
	ull Name of Payee				Dat	e of Publi	ic Distribution/Dissemination
1	Gregory Green					M M M	23 2014
N	failing Address 2506 Bolch Street					03	2014
					Am	ount	
С	State State		Zip Code				33.00
	Shreveport LA		71104		<b>Tran</b> Dat	saction II	D: 0d15a494-e537-4d90-b ursement or Obligation
	urpose of Expenditure Mileage		Category/ Type	002		09	23 2014
N	ame of Federal Candidate		S	upport	Office Sou	ıght:	House District: 00
N	/Is. Mary L Landrieu		Xo	ppose	Pres	sident	Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	,	125532.24		Disbursem 2014	ent For: Other (sp	Primary X General pecify) ▶
(-)							110.00
(a)	SUBTOTAL of Itemized Independent Expenditures				•		113.00
(b)	SUBTOTAL of Unitemized Independent Expenditures				•		
(c)	TOTAL Independent Expenditures				•		1 1 2 1 1 2 1
witl	der penalty of perjury I certify that the independent exper h, or at the request or suggestion of, any candidate or au ty committee) any political party committee or its agent.						
	Ms. Emily Buchanan	Electron	ically Filed]	Date	M = M 09	/ 24	/ Y Y Y Y Y 2014
	Signature		_				

Schedule E)	LIVI EXI END	ITORES	<u> </u>	PAGE 52 OF 88 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDE	ENTIFICATION NUMBER ▼
Women Speak Out PAC			Cc	00530766
Check if 24-hour report X 48-hour report	New rep	ort Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee			Date of Public	Distribution/Dissemination
Jennifer F Gilbert			M M /	23 / 2014
Mailing Address 180 McNeil Steep Hollow Rd			Amount	
City	State	Zip Code		52.50
Carriere	MS	39426		: e1ad9c37-8c05-4c2c-8 sement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	09 /	23 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President X	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	.,,	125532.24	Disbursement For: 2014 Other (spec	Primary
Full Name of Payee	<u> </u>		Date of Public	Distribution/Dissemination
Jennifer F Gilbert			M M /	23 / 2014
Mailing Address 180 McNeil Steep Hollow Rd			Amount	
City	State	Zip Code		12.60
Carriere	MS	39426		: 325f241d-d640-4cd9-8 sement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	09	23 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		Oppose	President X	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		125532.24	Disbursement For: 2014 Other (spe	Primary X General cify) ▶
(a) SUBTOTAL of Itemized Independent Expend	itures			65.10
(b) SUBTOTAL of Unitemized Independent Expe	nditures		<b>&gt;</b>	
(c) TOTAL Independent Expenditures			<b>&gt;</b>	4
Under penalty of perjury I certify that the independent, or at the request or suggestion of, any can party committee) any political party committee or	didate or authorized			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	09 / 24	2014

Schedule E)	INT EXI END	TTOTILO	PAGE 53 OF 88 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New rep	oort Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Lilly Green			09 / 23 / 2014
Mailing Address 205 Medallion Circle			Amount
City	State	Zip Code	60.00
Shreveport	LA	71119	Transaction ID: 53491936-8b01-480d-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	09 / 23 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		125532.24	Disbursement For: Primary ☐ General  2014 ☐ Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Lilly Green			09 / 23 / 2014
Mailing Address 205 Medallion Circle			Amount
City	State	Zip Code	18.60
Shreveport	LA	71119	Transaction ID : 462ef508-6234-4e19-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	09 / 23 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	, , ,	125532.24	Disbursement For:  Primary  ☐ General  2014  Other (specify) ►
(a) SUBTOTAL of Itemized Independent Expendit	ures		78.60
//s) CURTOTAL of Unitersited Independent Function	alik wa a		
(b) SUBTOTAL of Unitemized Independent Exper	iditures		•
(c) TOTAL Independent Expenditures			<b>&gt;</b>
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any cand party committee) any political party committee or	idate or authorized		
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	09
- 3			

Schedule E)	10Liti L			PAGE 54 OF 88 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC	IDENTIFICATION NUMBER ▼
Women Speak Out PAC			С	C00530766
Check if 24-hour report X 48-hour repo	ort New repo	ort Amends repo	ort filed on	/ D = D / Y = Y = Y
Full Name of Payee Sandra L Clarke			Date of Pu	blic Distribution/Dissemination
Mailing Address 1254 Fleming St Apt 6			Amount	23 2014
			Allount	
City		Zip Code		40.00
Conway	AR	72032		n ID: ad5ba72e-1b39-4ec5-b sbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M M M	23 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Mark L Pryor		X Oppose	President	Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	1	00993.01	Disbursement For 2014 Other (	: Primary X General
Full Name of Payee Matt M Clarke				blic Distribution/Dissemination
			09	23 2014
Mailing Address 1254 Fleming St Apt 6			Amount	
City	State	Zip Code		40.00
Conway	AR	72032	Transaction Date of Dis	ID: b4eed557-7e35-49e2-9 sbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M 09	23 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Mark L Pryor		X Oppose	President	Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		100993.01	Disbursement For 2014 Other	: Primary X General (specify) ▶
(a) SUBTOTAL of Itemized Independent Exp	pondituras			80.00
(a) SOUTOTAL OF REMIZED HIDEPONDON EXP	enditures			00.00
(b) SUBTOTAL of Unitemized Independent E	Expenditures		. •	7 1 27 1 27
(c) TOTAL Independent Expenditures			<b>•</b>	7 1 7 1 7 1
Under penalty of perjury I certify that the inc with, or at the request or suggestion of, any party committee) any political party committee	candidate or authorized			
Ms. Emily Buchanan	[Electron	ically Filed] Date	9 09 24	
Signature		_		

Schedule E)	LNDITORLS	PAGE 55 OF 88 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report X 48-hour report N	ew report Amends report file	d on M = M / D = D / Y = Y = Y
Full Name of Payee Matt M Clarke		Date of Public Distribution/Dissemination
Mailing Address 1254 Fleming St Apt 6		09 23 2014 Amount
City State Conway AR	Zip Code	10.80
	72032	Transaction ID: e0d3778e-e547-4afc-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002	09 / 23 / 2014
Name of Federal Candidate	Support Office	ce Sought: House District: 00
Mr. Mark L Pryor	X Oppose	President State: AR
Calendar Year-To-Date Per Election for Office Sought	100993.01 Dist 201	oursement For: Primary X General  Other (specify) ▶
Full Name of Payee	,	Date of Public Distribution/Dissemination
Francis Richardson		09 / 23 / 2014
Mailing Address 220 Doucet Rd		Amount
City State	Zip Code	30.00
Lafayette LA	70503	Transaction ID : 272d729d-382a-426d-b Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	09 / 23 / 2014
Name of Federal Candidate	Support Offi	ce Sought: House District:00
Ms. Mary L Landrieu	Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	125532.24 Dis	oursement For:  Primary
(a) SUBTOTAL of Itemized Independent Expenditures		40.80
,		7
(b) SUBTOTAL of Unitemized Independent Expenditures	·····	
(c) TOTAL Independent Expenditures	·····	
Under penalty of perjury I certify that the independent experwith, or at the request or suggestion of, any candidate or aut party committee) any political party committee or its agent.		
	Electronically Filed] Date	09
Signature		

	-1		FOR SE OF	FORM 24/48
	MMITTEE (In Full)	FEC	IDENTIFICATION	ON NUMBER ▼
vvoinen	Speak Out PAC	С	C00530766	
Check if	24-hour report X 48-hour report New report Amends report filed on	M = M	/ D D /	Y = Y = Y
Full Name	of Payee	ate of Pu	ıblic Distribution/	Dissemination
	s Richardson	09	23	2014
Mailing Ad	dress 220 Doucet Rd	mount		
City	State Zip Code			1.50
Lafayette			on ID: 84efcba5 sbursement or C	
Purpose of Mileage	f Expenditure  Category/ Type  002	09	23	2014
Name of	Federal Candidate Support Office S	ought:	House	District: 00
Ms. Mary	L Landrieu	esident	X Senate	State:LA
	idar Year-To-Date Election for Office Sought  Disburse 2014	ement For	r: Primary	X General
	of Payee sca Blom	Date of Pu	ublic Distribution/	
		09	23	2014
Mailing A	1017 tobally of	Amount		
City	State Zip Code		0 1 0	90.00
Winchest			n ID : dce80f8f-7 sbursement or C	
Purpose of Salary	of Expenditure  Category/ Type  001	09	23	2014
Name of	Federal Candidate Support Office S	ought:	House	District:00
Mr. Mark	L Pryor Oppose P	resident	X Senate	State: AR
	Disburse 2014 Disburse 2014	Other	r: Primary (specify) ▶	
(a) SUBTO	TAL of Itemized Independent Expenditures		7	91.50
(b) SUBTO	TAL of Unitemized Independent Expenditures		7	
(c) TOTAL	Independent Expenditures		7	
with, or at	alty of perjury I certify that the independent expenditures reported herein were not made the request or suggestion of, any candidate or authorized committee or agent of either, cuittee) any political party committee or its agent.			
<u> </u>	Ms. Emily Buchanan [Electronically Filed] Date 09	/ D	4 201	
Signatu	0			

PAGE

56

OF

88

	include Ly	FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
V	Vomen Speak Out PAC	C C00530766
Ch	eck if 24-hour report X 48-hour report New report Amends report filed	on M M / D D / Y Y Y Y Y
	Full Name of Payee	Date of Public Distribution/Dissemination
	Kaleigh J Wagner	09 / 23 / 2014
	Mailing Address 18065 Wayne Rd	Amount
	City State Zip Code	65.00
	Odessa FL 33556	Transaction ID: b8603200-5d42-4f4f-a Date of Disbursement or Obligation
	Purpose of Expenditure Salary  Category/ Type 001	09 / 23 / Y 2014
	Name of Federal Candidate Support Office	Sought: House District: 00
	Mr. Mark L Pryor Oppose	President State: AR
	400000 04	rrsement For: Primary X General
	Per Election for Office Sought 100993.01 2014	Other (specify) ▶
	Full Name of Payee Randy M Gold	Date of Public Distribution/Dissemination
	Mailing Address 1436 Haigs Creek Dr	09 23 2014
	· ·	Amount
	City State Zip Code	65.00
	Elgin SC 29045	Transaction ID: f84696a9-c63f-47cf-8 Date of Disbursement or Obligation
	Purpose of Expenditure Salary  Category/ Type  001	09 23 / 2014
	Name of Federal Candidate Support Office	e Sought: House District: 00
	Mr. Mark L Pryor Oppose	President State: AR State:
	Calendar Year-To-Date Per Election for Office Sought  Disbut 2014	orsement For: Primary X General  Other (specify) ▶
	(a) SUBTOTAL of Itemized Independent Expenditures	130.00
	(b) SUBTOTAL of Unitemized Independent Expenditures	
	(c) TOTAL Independent Expenditures	
	Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
	Ms. Emily Buchanan [Electronically Filed] Date 0	
	Signature	

PAGE 57

OF

88

Schedule E)	OI MOLI LIVOLIV	I EXI END	101120				PAGE 58	OF 88 FORM 24/48	
NAME OF COMMITTEE (In Fi						FEC II		N NUMBER 1	_
Women Speak Out I	PAC					С	C00530766		1
o	V 10.1		. 🗆 .			M = M	/ D D /	Y = Y = Y = Y	-
Check if 24-hour report	X 48-hour report	New repo	ort Ame	nds repo	rt filed on				_
Full Name of Payee Randy M Gold					Date	e of Publi	c Distribution/l	Dissemination 2014	
Mailing Address 1436 Hai	gs Creek Dr				Amo				
City		State	Zip Code		-			25.95	П
Elgin		SC	29045				ID: c2d54c8b ursement or O	-9c21-4b34-a	_
Purpose of Expenditure Mileage			Category/ Type	002		M M M 09	23	2014	
Name of Federal Candidat	e		Sı	upport	Office Sou	ght:	House I	District: 00	
Mr. Mark L Pryor			Xo	ppose	Pres	ident	Senate	State: AR	_
Calendar Year-To-Date Per Election for Office			00993.01		Disburseme 2014	ent For: Other (sp	Primary pecify) ▶	X Genera	ıl
Full Name of Payee					Dat	e of Publi	ic Distribution/	Dissemination	
Mattie Harris						м = м 09	/ 23 /	2014	
Mailing Address 3654 T	ara St							2011	_
					Am	ount			
City		State	Zip Code					55.00	
springdale		AR	72762		Tran Dat	saction II e of Disb	D:8d8d9f14-2 ursement or C	2a2c-4887-b Obligation	
Purpose of Expenditure Salary			Category/ Type	001		09	23	2014	
Name of Federal Candida	te		S	upport	Office Sou	ght:	House	District:00	_
Mr. Mark L Pryor			Xo	ppose	Pres	ident	Senate	State: AR	_
Calendar Year-To-Dat Per Election for Office		7 7	100993.01		Disbursem 2014	ent For: Other (s <sub>l</sub>	Primary  pecify) ▶	X Genera	al 
									_
(a) SUBTOTAL of Itemized	Independent Expenditure	s			· •		<del></del>	80.95	_
(b) SUBTOTAL of Unitemiz	red Independent Expendito	ures			. •		1 1 7		
(c) TOTAL Independent Ex	penditures				•				
Under penalty of perjury I with, or at the request or si party committee) any politic	uggestion of, any candida	te or authorized							
Ms. Emily Buch	anan	[Electron	ically Filed]	Date	M = M 09	24	/ Y Y Y 201		
Signature			_	0					

Schedule E)	INT EXICID	ITORES	PAGE 59 OF 88 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New rep	ort Amends repo	rt filed on
Full Name of Payee Mattie Harris			Date of Public Distribution/Dissemination
Mailing Address 3654 Tara St			09 23 2014 Amount
City springdale	State AR	Zip Code 72762	43.50 Transaction ID : f8b650ce-6974-4877-b
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbursement or Obligation  09 23 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Mark L Pryor		X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	· · · · · · · · · · · · · · · · · · ·	100993.01	Disbursement For:
Full Name of Payee Lucas H Hoyle			Date of Public Distribution/Dissemination
Mailing Address 282 Falls Ave			09 23 2014
			Amount
City	State	Zip Code	30.00
Granite Falls  Purpose of Expenditure	NC	28630	Transaction ID: d93c2239-2367-458b-8 Date of Disbursement or Obligation
Salary		Category/ Type 001	09 23 7 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President X Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	· · · · · · · ·	324976.56	Disbursement For:
(a) SUBTOTAL of Itemized Independent Expendit	ures		. ▶ 73.50
(b) SUBTOTAL of Uniternized Independent Exper	nditures		
(b) SOBTOTAL OF STITLETHIZED INDEPENDENT EXPER			
(c) TOTAL Independent Expenditures			•
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candragery committee) any political party committee or	idate or authorized		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	09 24 2014
3. <del>3</del>			

Schedule E)	EXI EIID	TOTILO		PAGE 60 OF 88 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report X 48-hour report	New rep	ort Amends	s report file	ed on May / Dab / Yayayay
Full Name of Payee Lucas H Hoyle				Date of Public Distribution/Dissemination
Mailing Address 282 Falls Ave				09 23 2014 Amount
City	State	Zip Code		15.30
Granite Falls	NC	28630		Transaction ID : 00b4a830-1dc9-467c-8  Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type	002	09 / 23 / 2014
Name of Federal Candidate		Supp	ort Offi	ice Sought: House District: 00
Ms. Kay Hagan		Х Орро		President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	3	24976.56	Dis 201	bursement For: Primary General  4 Other (specify) ▶
Full Name of Payee				Date of Public Distribution/Dissemination
Caleb A Smith				09 23 2014
Mailing Address 2646 N Valencia				Amount
City	State	Zip Code		40.00
Fayetteville	AR	72703		Transaction ID : 69e39d13-99f5-4198-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type	001	09 / 23 / Y Y Y Y Y 2014
Name of Federal Candidate		Supp	oort Off	ice Sought: House District: 00
Mr. Mark L Pryor		X Oppo		President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	, , ,	100993.01	Dis 20	bursement For: Primary X General  Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures			······ <b>&gt;</b>	55.30
(b) SUBTOTAL of Unitemized Independent Expenditure	res			
(a) God to the or of the original and open dent experience.				-9- 1 -9- 1 -0-
(c) TOTAL Independent Expenditures			······	4
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its ag	or authorized			
Ms. Emily Buchanan	[Electron	ically Filed]	Date	09 24 2014
Signature			_	

Schedule E)	PAGE 61 OF 88 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New report Amends	report filed on/
Full Name of Payee Todd Ellis	Date of Public Distribution/Dissemination
Mailing Address P.O. Box 712	09 23 2014 Amount
City State Zip Code Alexander AR 72002	70.00 Transaction ID : eda5e6fd-79f8-43c2-a
Purpose of Expenditure Salary  Category/ Type	Date of Disbursement or Obligation  001  001  001  001  001  001  001  0
Name of Federal Candidate Suppo	ort Office Sought: House District: 00
Mr. Mark L Pryor Oppos	
Calendar Year-To-Date Per Election for Office Sought 100993.01	Disbursement For:  Primary  General 2014  Other (specify) ▶
Full Name of Payee Todd Ellis	Date of Public Distribution/Dissemination
Mailing Address P.O. Box 712	09 23 2014 Amount
City State Zip Code	18,60
Alexander AR 72002	Transaction ID: 24b0c5a4-c492-4f8c-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage  Category/ Type	002 09 / D 23 / Y Y Y Y
Name of Federal Candidate Suppo	ort Office Sought: House District: 00
Mr. Mark L Pryor Oppos	Se President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 100993.01	Disbursement For:
(a) SUBTOTAL of Itemized Independent Expenditures	
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	······································
Under penalty of perjury I certify that the independent expenditures reported herein w with, or at the request or suggestion of, any candidate or authorized committee or age party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Signature	Date 09 24 2014

Sch	nedule E)	TLO		PAGE 62 OF 88 FOR SE OF FORM 24/48
	IE OF COMMITTEE (In Full)		FEC I	DENTIFICATION NUMBER ▼
Wc	omen Speak Out PAC		С	C00530766
Chec	ck if 24-hour report X 48-hour report New report	Amends repor	t filed on	/ D D / Y Y Y Y Y
	Full Name of Payee Serena A Jones			ic Distribution/Dissemination
	Mailing Address 7151 Mullins Drive		09	23 2014
			Amount	
C	City State Zip C	Code		80.00
	Saltville VA 2437	70		ID: 2c5b5739-cd95-4032-b ursement or Obligation
	Purpose of Expenditure Salary  Cat	tegory/ Type 001	09	23 / 2014
Ν	Name of Federal Candidate	Support	Office Sought:	House District: 00
	Ms. Kay Hagan	X Oppose		Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought 32497	6.56	Disbursement For: 2014 Other (s	Primary
	Full Name of Payee		Date of Publ	lic Distribution/Dissemination
	Serena A Jones		09	23 2014
N	Mailing Address 7151 Mullins Drive			20 200
			Amount	
	City State Zip 0	Code		49.80
	Saltville VA 243	370	Transaction I Date of Disb	D: 8d9fcb50-9865-4e10-b oursement or Obligation
	Purpose of Expenditure Mileage  Cat	tegory/ Type 002	M 09	23 2014
1	Name of Federal Candidate	Support	Office Sought:	House District: 00
	Ms. Kay Hagan	X Oppose	President	Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought 32	24976.56	Disbursement For: 2014 Other (s	Primary X General pecify) ►
(a	a) SUBTOTAL of Itemized Independent Expenditures		<b>&gt;</b>	129.80
(b	o) SUBTOTAL of Unitemized Independent Expenditures		<b>&gt;</b>	
(c	e) TOTAL Independent Expenditures		<b>&gt;</b>	7 1 2
wit	nder penalty of perjury I certify that the independent expenditures repoilith, or at the request or suggestion of, any candidate or authorized comarty committee) any political party committee or its agent.			
	Ms. Emily Buchanan [Electronically	Filed] Date	09 / 24	2014
	Signature			

Schedule E)		PAGE 63 OF 88 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report X 48-hour report New rep	ort Amends report fil	led on Man / Dab / Yayayay
Full Name of Payee  Danielle E Grindstaff		Date of Public Distribution/Dissemination  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 147 Possum Trot Rd		Amount
City State	Zip Code	70.00
Bakersville NC	28705	Transaction ID: 9e63b5f3-9903-4619-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	09 23 / 2014
Name of Federal Candidate	Support Of	fice Sought: House District: 00
Ms. Kay Hagan	Oppose [	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	Dis 324976.56 20	sbursement For:  Primary
Full Name of Payee Danielle E Grindstaff		Date of Public Distribution/Dissemination
Mailing Address 147 Possum Trot Rd		Amount
City State	Zip Code	21.60
Bakersville NC	28705	Transaction ID: 171e61c2-6f96-491e-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002	09 / D D / Y Y Y Y Y Y
Name of Federal Candidate	Support Of	ffice Sought: House District: 00
Ms. Kay Hagan	X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		sbursement For:
(a) SUBTOTAL of Itemized Independent Expenditures		91.60
(b) SUBTOTAL of Unitemized Independent Expenditures		
(4) 551.6.1.2 0. 0.1.1011.202 11.10551.1011.1 2	·	7 7
(c) TOTAL Independent Expenditures	······	
Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.		
	ically Filed] Date	09 24 2014
Signature		

	include Ly	FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
V	Vomen Speak Out PAC	C C00530766
Ch	peck if 24-hour report X 48-hour report New report Amends report filed	d on Mam / Dab / Yayayay
	Full Name of Payee	Date of Public Distribution/Dissemination
	Jeanne Tribou	09 23 2014
	Mailing Address 22369 Ponderosa Dr.	Amount
	City State Zip Code	60.00
	Mandeville LA 70471	Transaction ID : 4391bb2d-8334-496f-8 Date of Disbursement or Obligation
	Purpose of Expenditure Salary  Category/ Type 001	09 23 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate Support Offic	e Sought: House District: 00
	Ms. Mary L Landrieu Oppose	President Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought  Disb 2014	
		Other (specify) ▶
	Full Name of Payee  Jeanne Tribou	Date of Public Distribution/Dissemination
	Mailing Address 22369 Ponderosa Dr.	09 23 2014 Amount
	City State Zip Code	11.70
	Mandeville LA 70471	Transaction ID : 03c88c20-c2ac-4042-a Date of Disbursement or Obligation
	Purpose of Expenditure Mileage  Category/ Type  002	09 23 2014
	Name of Federal Candidate Support Office	e Sought: House District: 00
		President Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought  Disb. 201-	oursement For: Primary General  Other (specify)
	(a) SUBTOTAL of Itemized Independent Expenditures	71.70
	(b) SUBTOTAL of Unitemized Independent Expenditures	
	(c) TOTAL Independent Expenditures	
	Under penalty of perjury I certify that the independent expenditures reported herein were not m with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
	(77)	09 24 2014
	Signature	
_		

PAGE 64

OF

88

Schedule E)	IN EXILID	TIONES	PAGE 65 OF 88 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Adam Rock			09 / 23 / 2014
Mailing Address 307 Farris Rd Apt 1			Amount
City	State	Zip Code	25.00
Conway	AR	72034	Transaction ID: 553f14cd-c538-4521-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	09 / 23 / 2014
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Kay Hagan		Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	.,,	324976.56	Disbursement For:  Primary  General  2014  Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Adam Rock			09 / 23 / 2014
Mailing Address 307 Farris Rd Apt 1			Amount
City	State	Zip Code	3.60
Conway	AR	72034	Transaction ID : 65be7282-2fef-4b23-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	09 / 23 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	7 7	324976.56	Disbursement For:  Primary  General 2014  General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expending	tures		28.60
(b) SUBTOTAL of Unitemized Independent Expe	nditures		· •
(c) TOTAL Independent Expenditures			•
	didate or authorized		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	09
•			

Schedule E)	DENT EXTEND	HONES	PAGE 66 OF 88 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	ort filed on
Full Name of Payee Stephanie L Heun			Date of Public Distribution/Dissemination
Mailing Address 8026 S Wilwood Dr Apt 101			09 23 2014 Amount
City Oak Creek	State WI	Zip Code 53154	40.00 Transaction ID: a44aebd3-850b-437b-b
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement or Obligation  09 23 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Mark L Pryor		X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	.,.,,	100993.01	Disbursement For:  Primary  General 2014  Other (specify) ▶
Full Name of Payee Phillip Williams			Date of Public Distribution/Dissemination
Mailing Address 3007 Darden Rd			09 23 2014 Amount
City	State	Zip Code	90.00
Greensboro	NC	27407	Transaction ID : d8fefcd0-c9bb-4fc5-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	09 / 23 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	7 7	324976.56	Disbursement For:  Primary  General 2014  General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Exper	nditures		. ▶ 130.00
(b) SUBTOTAL of Unitemized Independent Exp	oenditures		. •
(c) TOTAL Independent Expenditures			
·			7 7 7
	ndidate or authorized		not made in cooperation, consultation, or concert of either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	09 24 2014
Olynatule			

Schedule E)				PAGE 67 OF 88 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC ID	DENTIFICATION NUMBER ▼
Women Speak Out PAC			С	C00530766
Check if 24-hour report X 48-hour report	X New repo	ort Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee Phillip Williams			M = M /	Distribution/Dissemination
Mailing Address 3007 Darden Rd			09 Amount	23 2014
		7: 0 !		04.00
<b>1</b> '	NC NC	Zip Code 27407		21.60 D: 49e7fa05-589e-4ce5-b ursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	09 /	23 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		Oppose		Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	3	24976.56	Disbursement For: 2014 Other (sp	Primary
Full Name of Payee Beverly Williams			M = M	c Distribution/Dissemination
Mailing Address 3007 Darden Rd			09 Amount	23 2014
City	State	Zip Code		90.00
Greensboro	NC	27407		<b>D : 251d938d-1121-4b24-a</b> ursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	09	23 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Kay Hagan		X Oppose		Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	1 1 7	324976.56	Disbursement For: 2014 Other (sp	Primary X General Decify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures			<b>.</b>	111.60
(b) SUBTOTAL of Unitemized Independent Expenditure	es			
(c) TOTAL Independent Expenditures			<b>&gt;</b>	7 7
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its age	or authorized			
Ms. Emily Buchanan Signature	[Electroni	cally Filed] Date	09 / 24	2014

Schedule E)		1101120		PAGE 68 OF 88 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FE	C IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C	
Check if 24-hour report X 48-hour report	New rep	port Amends repo	ort filed on	M / D D / Y Y Y Y Y
Full Name of Payee ERIC TABARY	<u></u>			Public Distribution/Dissemination
Mailing Address 6101 NORA ST			09	
o olor Notice			Amount	
City	State	Zip Code		70.00
METAIRIE	LA	70003		ion ID: 55fb545c-390e-40c7-b Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	09	
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		125532.24	Disbursement For 2014 Othe	or: Primary X General r (specify) ▶
Full Name of Payee Ralph Smith				Public Distribution/Dissemination
Ma Star Address			09	
Mailing Address 2090 Fancy Gap Rd			Amount	
City	State	Zip Code		80.00
Mt. Airy	NC	27030	Transaction Date of [	on ID: ec2594cd-dc83-42a4-b Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M 09	
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		Oppose	President	
Calendar Year-To-Date Per Election for Office Sought	7 7	324976.56	Disbursement F 2014 Othe	or:
(a) SUBTOTAL of Itemized Independent Expenditu	ures			150.00
(a) OOD TO THE OF HOMEZON HIGOPOTHAGIN EXPONENT	1163			7
(b) SUBTOTAL of Unitemized Independent Expendent	ditures		· •	7
(c) TOTAL Independent Expenditures			<b>•</b>	7 1 7 1 7
Under penalty of perjury I certify that the indepen with, or at the request or suggestion of, any candi party committee) any political party committee or it	date or authorized			
Ms. Emily Buchanan	[Electron	nically Filed] Date		24 2014
Signature		_		

Schedule E)	DEITI EXI EITE	TIONES	PAGE 69 OF 88 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour repor	t New rep	port Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Ralph Smith			09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 2090 Fancy Gap Rd			Amount
City	State	Zip Code	14.64
Mt. Airy	NC	27030	Transaction ID : 5aed2537-bc64-4143-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	09 23 / 2014
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		324976.56	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Laura U Logie			09 23 2014
Mailing Address 2565 Shire Circle			Amount
City	State	Zip Code	30.00
Harrisonburg	VA	22801	Transaction ID: 18851a04-af24-4d86-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	09 / 23 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Mark L Pryor		Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		100993.01	Disbursement For:
(a) SUBTOTAL of Itemized Independent Expe	nditures		44.64
			7 7 7
(b) SUBTOTAL of Unitemized Independent Ex	penditures		<b>&gt;</b>
(c) TOTAL Independent Expenditures			<b>&gt;</b>
	andidate or authorize		not made in cooperation, consultation, or concert feither, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	09 24 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
<del>-</del>			

Sched	lule E)	<b>1</b> 741 <b>1</b> 142.	1101.20		PAGE 70 OF 88 FOR SE OF FORM 24/48
	OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Won	nen Speak Out PAC				C C00530766
Check i	f 24-hour report X 48-hour report	New repo	ort Amends repo	ort filed on	M / D D / Y Y Y Y Y
	Name of Payee mothy Foley			M	of Public Distribution/Dissemination
Mai	ling Address 20679 Glenbrook Terrace			Amour	09 23 2014 nt
City	,	State	Zip Code		35.00
	erling	VA	20165		action ID : 4c91ebd6-98ee-4947-a of Disbursement or Obligation
	pose of Expenditure lary		Category/ Type 001	М	09 / 23 / 2014
Nar	ne of Federal Candidate		Support	Office Sought	:: House District: 00
Mr.	Mark L Pryor		X Oppose	Preside	
	Calendar Year-To-Date Per Election for Office Sought	1	100993.01	Disbursement 2014 Ot	For: Primary
	Name of Payee ck Berryhill			М	of Public Distribution/Dissemination
Mai	iling Address 905 Lake Drive			Amour	09 23 2014 nt
City	1	State	Zip Code	<u> </u>	71.00
Sh	elby	NC	28152	Transac Date o	ction ID : da133128-6a39-422a-b of Disbursement or Obligation
	pose of Expenditure lary		Category/ Type 001		09 / 23 / 2014
Nar	me of Federal Candidate		Support	Office Sought	t: House District:00
Ms	. Kay Hagan		X Oppose	Preside	
	Calendar Year-To-Date Per Election for Office Sought		324976.56	Disbursement 2014 Of	t For: Primary X General
(a) \$	SUBTOTAL of Itemized Independent Expenditures	3		· .	106.00
(b) S	SUBTOTAL of Unitemized Independent Expenditu	ıres		· •	7 1 7 1 7
(c) 1	FOTAL Independent Expenditures			· [	
with,	er penalty of perjury I certify that the independer or at the request or suggestion of, any candidate committee) any political party committee or its a	e or authorized			
_	Ms. Emily Buchanan	[Electron	ically Filed] Date	9 09 /	24 2014
S	ignature				

Schedule E)	INT EXI END	TIONES	PAGE 7 FOR SE 0	1 OF 88 DF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICAT	TION NUMBER ▼
Women Speak Out PAC			C C00530766	
Check if 24-hour report X 48-hour report	New rep	port Amends repo	t filed on	/ Y = Y = Y
Full Name of Payee Nick Berryhill			Date of Public Distributio	n/Dissemination
Mailing Address 905 Lake Drive			09 / 23	2014
			Amount	
City	State	Zip Code		21.75
Shelby	NC	28152	Transaction ID: 096237 Date of Disbursement or	
Purpose of Expenditure Mileage		Category/ Type 002	09 / 23	2014
Name of Federal Candidate		Support	Office Sought: House	District: 00
Ms. Kay Hagan		X Oppose	President Senate	State: NC
Calendar Year-To-Date Per Election for Office Sought	, ,	324976.56	Disbursement For: ☐ Prima 2014 ☐ Other (specify) ▶ _	ry X General
Full Name of Payee			Date of Public Distribution	n/Dissemination
Kaitlyn B Allen			09 / 23	2014
Mailing Address 2121 Daniel Dr			Amount	
City	State	Zip Code		80.00
Searcy	AR	72143	Transaction ID : 2d2a16a Date of Disbursement or	
Purpose of Expenditure Salary		Category/ Type 001	09 / 23	2014
Name of Federal Candidate		Support	Office Sought: House	District:00
Mr. Mark L Pryor		Oppose	President X Senate	State: AR
Calendar Year-To-Date Per Election for Office Sought		100993.01	Disbursement For: Prima 2014 Other (specify) ▶ _	ry X General
(a) SUBTOTAL of Itemized Independent Expendit	ures			101.75
			7	
(b) SUBTOTAL of Unitemized Independent Exper	ditures		<b>&gt;</b>	
(c) TOTAL Independent Expenditures			<b>•</b>	45
Under penalty of perjury I certify that the indeper with, or at the request or suggestion of, any cand party committee) any political party committee or in	idate or authorize			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date		014 Y
- 3				

Schedule E)	INT EXI END	ITORES		PAGE 72 OF 88 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDE	ENTIFICATION NUMBER ▼
Women Speak Out PAC			C	00530766
Check if 24-hour report X 48-hour report	New rep	ort Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee			Date of Public	Distribution/Dissemination
Kaitlyn B Allen			M M /	23 / 2014
Mailing Address 2121 Daniel Dr			Amount	
City	State	Zip Code		50.40
Searcy	AR	72143		: ab0a7ade-74f5-4ada-b sement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	09	23 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Mark L Pryor		X Oppose	President X	Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		100993.01	Disbursement For: 2014 Other (spe	Primary
Full Name of Payee			Date of Public	Distribution/Dissemination
Brandy Starns			M M /	23 / 2014
Mailing Address 300 Evangeline St			Amount	
City	State	Zip Code		20.00
Monroe	LA	71201		: b48bfeec-6576-4605-a sement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	09	23 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		Oppose	President X	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	, , ,	125532.24	Disbursement For: 2014 Other (spe	Primary
(a) SUBTOTAL of Itemized Independent Expendit	ures			70.40
			7	7 7
(b) SUBTOTAL of Unitemized Independent Expen	ditures		<b>&gt;</b>	7
(c) TOTAL Independent Expenditures			<b>)</b>	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Under penalty of perjury I certify that the indeper with, or at the request or suggestion of, any candi party committee) any political party committee or i	idate or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	09 / 24	2014
•				

Schedule E)		II OILEO		PAGE 73 OF 88 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FE	EC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C00530766
o	<b>V</b>	. 🗆 .	M -	M / D D / Y Y Y Y
Check if 24-hour report 48-hour report	New rep	port Amends repo	ort filed on	
Full Name of Payee Brandy Starns			M	
Mailing Address 300 Evangeline St			Amount	23 2014
		7: 0 !		0.40
City Monroe	State LA	Zip Code 71201		2.40 tion ID : c3e979ab-4a28-4f94-a
Purpose of Expenditure Mileage		Category/ Type 002	Date of 1	
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President	
Calendar Year-To-Date Per Election for Office Sought		125532.24	Disbursement F 2014 Othe	for: Primary X General er (specify) ▶
Full Name of Payee				Public Distribution/Dissemination
Lee R Carter			09	
Mailing Address 3110 Brentwood Rd				20 2011
			Amount	
City	State	Zip Code		80.00
Raleigh	NC	27604	Transacti Date of	on ID: 0dad590b-addb-4bb5-8 Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	09	23 / 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Kay Hagan		X Oppose	President	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		324976.56	Disbursement F 2014 Othe	For: Primary X General er (specify) ▶
(a) SUBTOTAL of Itemized Independent Expend	itures		· •	82.40
(b) SUBTOTAL of Unitemized Independent Expe	nditures		. •	7 1 7 1 7
(c) TOTAL Independent Expenditures			<b>.</b>	7
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any can party committee) any political party committee or	didate or authorized			
Ms. Emily Buchanan	[Electron	nically Filed] Date		24 2014
Signature		_		

	include Ly	FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
V	Vomen Speak Out PAC	C C00530766
Ch	eck if 24-hour report X 48-hour report New report Amends report filed	I on M = M / D = D / Y = Y = Y
	Full Name of Payee	Date of Public Distribution/Dissemination
	Lee R Carter	09 23 2014
	Mailing Address 3110 Brentwood Rd	Amount
	City State Zip Code	6.90
	Raleigh NC 27604	Transaction ID : 5e30f57c-1b15-4819-b Date of Disbursement or Obligation
	Purpose of Expenditure Mileage  Category/ Type  002	09 23 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate Support Office	e Sought: House District: 00
	Ms. Kay Hagan Oppose	President State: NC
	Calendar Year-To-Date Per Election for Office Sought  Disbut 324976.56  Disbut 324976.56	
		Other (specify) -
	Full Name of Payee  Danielle McCoy	Date of Public Distribution/Dissemination
	Mailing Address 1025 Cayley Ct	09 23 2014 Amount
	City State Zip Code	60.00
	High Point NC 27260	Transaction ID : 9e52cda4-3223-4d0b-8 Date of Disbursement or Obligation
	Purpose of Expenditure Salary  Category/ Type  001	09 / 23 / 2014
	Name of Federal Candidate Support Offic	e Sought: House District: 00
	Ms. Kay Hagan Oppose	President State: NC
	Calendar Year-To-Date Per Election for Office Sought  Disb 2014	ursement For:  Primary
	(a) SUBTOTAL of Itemized Independent Expenditures	66.90
	(b) SUBTOTAL of Unitemized Independent Expenditures	
	(c) TOTAL Independent Expenditures	
	Under penalty of perjury I certify that the independent expenditures reported herein were not mwith, or at the request or suggestion of, any candidate or authorized committee or agent of eithe party committee) any political party committee or its agent.	
		09 24 2014
	Signature	
_		

PAGE 74

OF

88

Sche	edule E)		•			PAGE 75 OF 88 FOR SE OF FORM 24/48
	OF COMMITTEE (In Full)					ENTIFICATION NUMBER ▼
Wo	men Speak Out PAC					:00530766
Check	if 24-hour report X 48-hour report New	w report	Amends repo	ort filed on	= M /	D = D / Y = Y = Y
Fu	ull Name of Payee			Date	of Public	Distribution/Dissemination
	Danielle McCoy				09	23 / 2014
M	ailing Address 1025 Cayley Ct			Amou	nt	
Ci	ity State	Zip Code	)			13.20
Н	ligh Point NC	27260				: 90042218-2bda-4318-b sement or Obligation
	urpose of Expenditure //ileage	Categor Typ			09	23 / 2014
Na	ame of Federal Candidate		Support	Office Sough	ıt;	House District:00
M	1s. Kay Hagan	X	Oppose	Preside		NC NC
	Calendar Year-To-Date Per Election for Office Sought	324976.56		Disbursemen 2014	t For:	Primary
	ull Name of Payee Chris McCoy					Distribution/Dissemination
	•				09	23 2014
M	lailing Address 1025 Cayley Ct			Amou	ınt	
С	ity State	Zip Code	<del></del>	<u> </u>		70.00
	High Point NC	27260		Transa Date	of Disbur	: a22a1ea4-3fe6-472d-9 sement or Obligation
	urpose of Expenditure Salary	Categor Typ			09 /	23 / 2014
N	ame of Federal Candidate		Support	Office Sough	nt:	House District: 00
M	/Is. Kay Hagan	$\succeq$	Oppose	Presid		
	Calendar Year-To-Date Per Election for Office Sought	324976	5.56	Disbursemer 2014	nt For:	Primary X General ecify) ▶
(a)	SUBTOTAL of Itemized Independent Expenditures					83.20
` '						
(b)	SUBTOTAL of Unitemized Independent Expenditures			·· •	7	
(c)	TOTAL Independent Expenditures			>	1-4-	1 4 1 4
with	der penalty of perjury I certify that the independent expendin, or at the request or suggestion of, any candidate or authorty committee) any political party committee or its agent.					
	Ms. Emily Buchanan [Ele	ectronically Filed	d) Date	e 09	24	2014
	Signature					

Schedule E)	LIVI EXI EIVE	ATTOTILES	PAGE 76 OF 88 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New re	port Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Chris McCoy			09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1025 Cayley Ct			Amount
City	State	Zip Code	12.90
High Point	NC	27260	Transaction ID: a19666d5-e038-43ba-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	09 23 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		324976.56	Disbursement For: ☐ Primary ☐ General  2014 ☐ Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Eleanor McCoy			09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 4902 Catawba Dr			Amount
City	State	Zip Code	35.00
Greensboro	NC	27407	Transaction ID : 276d1e41-2ac3-409e-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	09 23 7 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	7 7	324976.56	Disbursement For:  Primary  General  2014  General  Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expend	itures		47.90
(b) SUBTOTAL of Unitemized Independent Expe	enditures		•
(c) TOTAL Independent Expenditures			<b>&gt;</b>
	didate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electro	nically Filed] Date	09
- 3			

Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
	G cosses so
Check if 24-hour report X 48-hour report New report Amends report filed	on
Full Name of Payee Eleanor McCoy	Date of Public Distribution/Dissemination
, and the second	09 / 23 / 2014
Mailing Address 4902 Catawba Dr	Amount
City State Zip Code	11.40
Greensboro NC 27407	Transaction ID: d5780401-0015-43f8-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage  Category/ Type  002	09 / 23 / 2014
Name of Federal Candidate Support Office	e Sought: House District: 00
Ms. Kay Hagan Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought  Disbut 2014	ursement For: Primary X General  Other (specify) ▶
Full Name of Payee Shelbi L Randall	Date of Public Distribution/Dissemination
	09 / 23 / 2014
Mailing Address 202 East Park Ave Apt 40	Amount
City State Zip Code	35.00
Searcy AR 72143	Transaction ID : 8aa9eafa-4c74-46ef-b Date of Disbursement or Obligation
Purpose of Expenditure Salary  Category/ Type  001	09 / 23 / 2014
	e Sought: House District: 00
Mr. Mark L Pryor Oppose	President X Senate State: AR
Calendar Year-To-Date Per Election for Office Sought  Disbut 2014	ursement For: Primary X General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	46.40
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	•
	9 24 2014
Signature	

NAME OF COMMITTEE (In Full)  Woman Speak Out BAC	
	TION NUMBER ▼
Women Speak Out PAC  C coo530766	
Check if 24-hour report X 48-hour report New report Amends report filed on	/ Y = Y = Y
Full Name of Payee Date of Public Distribution	n/Dissemination
Shelbi L Randall	2014
Mailing Address 202 East Park Ave Apt 40 Amount	
City State Zip Code	19.71
Searcy AR 72143 Transaction ID: a6757e Date of Disbursement or	
Purpose of Expenditure Mileage  Category/ Type  002  M M M O O O O O O O O O O O O O O O O	2014
Name of Federal Candidate Support Office Sought: House	District:00
Mr. Mark L Pryor	State: AR
Calendar Year-To-Date Per Election for Office Sought  Disbursement For: □ Prima 2014 □ Other (specify) ▶ □	ry X General
Full Name of Payee Date of Public Distribution	n/Dissemination
Michael A Toomey	2014
Mailing Address 4120 Bon Aire Dr Apt 6307  Amount	
City State Zip Code	30.00
Monroe LA 71212 Transaction ID : 7db371c Date of Disbursement or	
Purpose of Expenditure Salary  Category/ Type  001  09  23	2014
Name of Federal Candidate Support Office Sought: House	District: 00
Ms. Mary L Landrieu	State: LA
Calendar Year-To-Date Per Election for Office Sought  125532.24  Disbursement For: □ Prima 2014 □ Other (specify) ▶ □	ry X General
(a) SUBTOTAL of Itemized Independent Expenditures	49.71
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consul with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity party committee) any political party committee or its agent.	
	014

Schedule E)	JENT EXI END	ITOTILO	PAGE 79 OF 88 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour repor	New rep	ort Amends repo	rt filed on
Full Name of Payee Michael A Toomey			Date of Public Distribution/Dissemination
Mailing Address 4120 Bon Aire Dr Apt 6307			09 23 2014 Amount
City	State	Zip Code	3.30
Monroe	LA	71212	Transaction ID : a1e2c1cf-fa6f-49a3-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	09 23 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		125532.24	Disbursement For:  Primary  General  2014  Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Christine Stevens			09 / 23 / 2014
Mailing Address 100 Asbury Ct			Amount
City	State	Zip Code	80.00
Winchester	VA	22602	Transaction ID : 3a70e1ae-54fe-4658-b  Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	09 / D D / Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Mark L Pryor		X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		100993.01	Disbursement For:  Primary  General 2014  General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Exper	nditures		83.30
(b) SUBTOTAL of Uniternized Independent Ex	nenditures		
(c) colline of official and operation and			
(c) TOTAL Independent Expenditures			<b>&gt;</b>
	andidate or authorized		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
-			

Schedule E)			PAGE 80 OF 88 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	_		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PA	.C		C C00530766
Check if 24-hour report	48-hour report New r	report Amends repor	t filed on
Full Name of Payee			Data of Dublic Distribution/Discomination
Ms. Tonya Boyd			Date of Public Distribution/Dissemination  09 23 2014
Mailing Address 2357 Fancy	Cap Rd		Amount
City	State	Zip Code	80.00
Mt. Airy	NC	27030	Transaction ID: 294ba7fd-614f-4032-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	09 / 23 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office S	ought	324976.56	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Ms. Tonya Boyd			09 23 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 2357 Fand	cv Cap Rd		20 2011
	9		Amount
City	State	Zip Code	14.64
Mt. Airy	NC	27030	Transaction ID : fa03a65e-9d44-450a-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	09 / D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office S	ought	324976.56	Disbursement For:
(a) SUBTOTAL of Itemized Inc	dependent Expenditures		94.64
(b) SUBTOTAL of Unitemized	Independent Expenditures		•
(c) TOTAL Independent Exper	nditures		<b>•</b>
	estion of, any candidate or authoriz		not made in cooperation, consultation, or concert either, or (if the reporting entity is not a political
Ms. Emily Buchana		ronically Filed] Date	09 24 2014
Signature			

··· · ,	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New report Am	nends report filed on
Full Name of Payee	Date of Public Distribution/Dissemination
Windy Hageman	09 23 2014
Mailing Address 5521 Randolph St.	Amount
City State Zip Code	45.00
Marrero LA 70072	Transaction ID: 9f1decec-8a7f-4a72-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary  Category/ Type	001
Name of Federal Candidate	Support Office Sought: House District: 00
Ms. Mary L Landrieu	Oppose President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary ☐ General 2014 Other (specify) ▶
Full Name of Payee Windy Hageman  Mailing Address 5521 Randolph St.	Date of Public Distribution/Dissemination  M M M / D 23 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City State Zip Code	10.80
Marrero LA 70072	Transaction ID : bcbf9be1-fd0a-4c4a-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage  Category/ Type	002 000 / 000 / 7171717
Name of Federal Candidate	Support Office Sought: House District: 00
Ms. Mary L Landrieu	Oppose President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 125532.2	Disbursement For: Primary General 2014 Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	55.80
(b) SUBTOTAL of Unitemized Independent Expenditures	······································
(c) TOTAL Independent Expenditures	······································
Under penalty of perjury I certify that the independent expenditures reported he with, or at the request or suggestion of, any candidate or authorized committee party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed]	Date 09 24 2014
Signature	

PAGE 81

OF

88

Schedule E)	DENT EXICIO	TIONES	PAGE 82 OF 88 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour repo	rt New rep	port Amends repo	rt filed on
Full Name of Payee  Jazmine d Conner			Date of Public Distribution/Dissemination
Mailing Address 100 ASBURY CT			09 23 2014 Amount
	O	7: 0 !	
City WINCHESTER	State VA	Zip Code 22602	60.00  Transaction ID: b8c40af5-9c9a-4bf0-9  Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement of Obligation  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Mark L Pryor		X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		100993.01	Disbursement For:  Primary  General  2014  Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Marysol Netro			09 23 Y 2014
Mailing Address 312 S Gunter St			Amount
City	State	Zip Code	30.00
Siloam Springs	AR	72761	Transaction ID: 140e9b01-67a5-4137-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	09 / 23 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Mark L Pryor		Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		100993.01	Disbursement For:  Primary  General 2014  General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expe	enditures		90.00
(b) SUBTOTAL of Unitemized Independent Ex	rpenditures		
			7 7 7 7
(c) TOTAL Independent Expenditures			<b>•</b>
	andidate or authorized		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	09 24 2014
Signature			

	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	DENTIFICATION NUMBER ▼
Women Speak Out PAC	C00530766
Check if 24-hour report X 48-hour report New report Amends report filed on	D = D / Y = Y = Y
	c Distribution/Dissemination
Marysol Netro	23 / 2014
Mailing Address 312 S Gunter St  Amount	
City State Zip Code	3.00
Siloam Springs AR 72761 Transaction I	ID: b9c0ba90-4319-4352-a ursement or Obligation
Purpose of Expenditure Mileage  Category/ Type  002	23 / 2014
Name of Federal Candidate Support Office Sought:	House District: 00
Mr. Mark L Pryor	Senate State: AR
Calendar Year-To-Date Per Election for Office Sought  Disbursement For: 2014  Other (sp	Primary
	c Distribution/Dissemination
Jon E Conner	23 / 2014
Mailing Address 100 Asbury Ct Amount	
City State Zip Code	70.00
	D: 9624019f-907c-4a27-b ursement or Obligation
Purpose of Expenditure Salary  Category/ Type  001	23 2014
Name of Federal Candidate Support Office Sought:	House District: 00
Mr. Mark L Pryor Oppose President	Senate State: AR
Calendar Year-To-Date Per Election for Office Sought  Disbursement For: 2014  Other (sp.	Primary X General Decify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	73.00
	7 -
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperat with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the report party committee) any political party committee or its agent.	
Ms. Emily Buchanan  [Electronically Filed] Date 09 24	2014

Schedule E)	PAGE 84 OF 88 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	EC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report X New report Amends report filed on	M / D = D / Y = Y = Y
Full Name of Payee Rodney O Culbreath	
Mailing Address 100 Asbury Ct Amount	
City State Zip Code	80.00
Winchester VA 22602 Transac	tion ID : 15eadbc7-364a-4ede-9 Disbursement or Obligation
Purpose of Expenditure Salary  Category/ Type 001	
Name of Federal Candidate Support Office Sought:	House District:00
Mr. Mark L Pryor Oppose President	Senate State: AR
Calendar Year-To-Date Per Election for Office Sought  Disbursement F 2014  Other	For: Primary
	Public Distribution/Dissemination
Rodney D Culbreth	
Mailing Address 100 Asbury CT Amount	
3200 Dam Neck Rd	
	80.00 ion ID : 1c51246f-af7b-4989-a Disbursement or Obligation
Purpose of Expanditure	M / D D / Y Y Y Y
Name of Federal Candidate Support Office Sought:	House District: 00
Mr. Mark L Pryor Oppose President	t Senate State: AR
Calendar Year-To-Date Per Election for Office Sought  Disbursement F 2014 Other	For:
(a) SUBTOTAL of Itemized Independent Expenditures	160.00
	7 7
(b) SUBTOTAL of Unitemized Independent Expenditures	7 1 7 1 7
(c) TOTAL Independent Expenditures	7 1 7 1 7
Under penalty of perjury I certify that the independent expenditures reported herein were not made in coowith, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 09	24 2014
Signature	

	Siledule Ly	FOR SE OF FORM 24/48				
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼				
۷	Vomen Speak Out PAC	C C00530766				
Ch	neck if 24-hour report X 48-hour report New report Amends report filed	I on Mam / Dab / Yayayay				
	Full Name of Payee	Date of Public Distribution/Dissemination				
	Rze Culbreath	09 23 2014				
	Mailing Address 100 Asbury Ct	Amount				
	City State Zip Code	80.00				
	Winchester VA 22602	Transaction ID : e66cc309-1626-4f67-a Date of Disbursement or Obligation				
	Purpose of Expenditure Salary  Category/ Type  001	09 23 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
	Name of Federal Candidate Support Offic	e Sought: House District: 00				
	Mr. Mark L Pryor Oppose	President State: AR				
	Calendar Year-To-Date Per Election for Office Sought  Disb 2014	ursement For: Primary X General				
	Tel Election for Office Sought	Other (specify) ▶				
	Full Name of Payee  Jeffrey Hampton	Date of Public Distribution/Dissemination				
	Mailing Address 1700 E Part Ave	09 23 2014 Amount				
	City State Zip Code	35.50				
	Searcy AR 72149	Transaction ID : 68234804-0745-4eea-8				
	Purpose of Expenditure Salary  Category/ Type  001	Date of Disbursement or Obligation				
	Name of Federal Candidate Support Offic	e Sought: House District: 00				
		President Senate State: AR				
	Calendar Year-To-Date Per Election for Office Sought  Disb 2014	ursement For:				
(a) SUBTOTAL of Itemized Independent Expenditures						
(b) SUBTOTAL of Unitemized Independent Expenditures						
	(c) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.						
	(77) 4 4 11 774 17	09 24 2014				
	Signature					

PAGE 85

OF

88

Schedule E)	PAGE 86 OF 88 FOR SE OF FORM 24/48						
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼						
Women Speak Out PAC	C C00530766						
Check if 24-hour report X 48-hour report New report Amends report filed on							
Full Name of Payee  Jeffrey Hampton	Date of Public Distribution/Dissemination						
Mailing Address 1700 E Part Ave	09 23 2014 Amount						
City. State 7in Code	26.40						
City State Zip Code Searcy AR 72149	26.49  Transaction ID: 2d230867-44cd-44d6-8  Date of Disbursement or Obligation						
Purpose of Expenditure Mileage  Category/ Type  002	M M / D D / Y Y Y Y						
Name of Federal Candidate Support	Office Sought: House District: 00						
Mr. Mark L Pryor Oppose	President Senate State: AR						
Calendar Year-To-Date Per Election for Office Sought 100993.01	Disbursement For: Primary						
Full Name of Payee Kirsten E McKinney	Date of Public Distribution/Dissemination  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y						
Mailing Address 1419 S Highbush Ave	Amount 23 2014						
City State Zip Code	40.00						
Fayetteville AR 72701	Transaction ID: 0ca2469e-dd4f-4359-a Date of Disbursement or Obligation						
Purpose of Expenditure Salary  Category/ Type  001	1 09 / 23 / 2014						
Name of Federal Candidate Support	Office Sought: House District: 00						
Mr. Mark L Pryor Oppose	President Senate State: AR						
Calendar Year-To-Date Per Election for Office Sought	Disbursement For:  Primary						
(a) SUBTOTAL of Itemized Independent Expenditures							
(b) SUBTOTAL of Unitemized Independent Expenditures							
(c) TOTAL Independent Expenditures	···· <b>&gt;</b>						
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.							
Ms. Emily Buchanan  [Electronically Filed] Da  Signature	tte 09 / 24 / 2014						

Schedule E)	INI EXI END	TIONES		PAGE 87 OF 88 FOR SE OF FORM 24/48		
NAME OF COMMITTEE (In Full)			FEC I	DENTIFICATION NUMBER ▼		
Women Speak Out PAC	C	C00530766				
Check if 24-hour report X 48-hour report New report Amends report filed on						
Full Name of Payee Kirsten E McKinney			M = M			
Mailing Address 1419 S Highbush Ave			Amount	23 2014		
C:4.	Ctoto	Zin Codo		2.00		
City Fayetteville	State AR	Zip Code 72701		3.90 ID: fbaf6778-f5f9-421c-b pursement or Obligation		
Purpose of Expenditure Mileage		Category/ Type 002	M M	23 / 2014		
Name of Federal Candidate		Support	Office Sought:	House District:00		
Mr. Mark L Pryor		X Oppose	President	Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought	.,,	100993.01	Disbursement For: 2014 Other (s	Primary ⊠ General		
Full Name of Payee			Date of Pub	lic Distribution/Dissemination		
Earl Stewart			09	23 2014		
Mailing Address 9455 Snow Camp Road			Amount			
City	State	Zip Code		50.00		
Snowcamp	NC	27349		ID: 7019c875-4987-45f3-a oursement or Obligation		
Purpose of Expenditure Salary		Category/ Type 001	09	23 / 2014		
Name of Federal Candidate		Support	Office Sought:	House District: 00		
Ms. Kay Hagan		X Oppose	President	Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought	7 7	324976.56	Disbursement For: 2014 Other (s	Primary		
(a) SUBTOTAL of Itemized Independent Expend	tures		. •	53.90		
(b) SUBTOTAL of Unitemized Independent Expenditures						
(c) TOTAL Independent Expenditures			<b>&gt;</b>	4		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.						
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	9 09 / 24	2014		
<del>-</del>						

Schedule E)	PAGE 88 OF 88 FOR SE OF FORM 24/48					
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼					
Women Speak Out PAC	C C00530766					
Check if 24-hour report X 48-hour report New report Amends report filed on						
Full Name of Payee Da	ate of Public Distribution/Dissemination					
Earl Stewart	09 / 23 / 2014					
Mailing Address 9455 Snow Camp Road  An	mount					
City State Zip Code	7.80					
Da	ansaction ID: 81a0ce55-d573-4f0a-b ate of Disbursement or Obligation					
Purpose of Expenditure Mileage  Category/ Type  002	09 / 23 / 2014					
Name of Federal Candidate Support Office So	ought: House District: 00					
Ms Kay Hagan	esident Senate State: NC					
Calendar Year-To-Date Per Election for Office Sought  Disburser 2014	ment For:					
Full Name of Payee Da	ate of Public Distribution/Dissemination					
Mailing Address						
	mount					
City State Zip Code						
	ate of Disbursement or Obligation					
Purpose of Expenditure  Category/ Type	M M / D D / Y Y Y Y					
Name of Federal Candidate Support Office So	ought: House District:					
Oppose Pre	esident Senate State:					
Calendar Year-To-Date Per Election for Office Sought	ment For:					
(a) SUBTOTAL of Itemized Independent Expenditures	7.80					
(b) SUBTOTAL of Unitemized Independent Expenditures						
(c) TOTAL Independent Expenditures	6753.68					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.						
Ms. Emily Buchanan  [Electronically Filed] Date 09	24 2014					
o.g. id. al						